

NEBRASKA PARTNERS IN PREVENTION

EVIDENCE-BASED PLANNING TOOLKIT

(First Edition)



**A Companion Document to the State Incentive Cooperative
Agreement (SICA) Request for Applications
Community Strategies Program Guidance Document**

**Produced in Collaboration With the
Southwest Center for the Application of Prevention Technologies**



INTRODUCTION

What is Prevention?

“Prevention is an active process of creating conditions and fostering personal attributes that promote the well-being of people.”

– William Lofquist, 1989

We believe that prevention is about fostering healthy, strong communities to build healthy, strong kids. We believe that good planning will lead to effective strategies. Those effective strategies will result in better places for us to raise our children. These better places will be our own communities, where children won't have to face so many risks – and where they'll be stronger and more resilient in the face of any remaining risks.

Our philosophy is that for prevention to work best, we must be guided by the following three principles:

- Local people solve local problems best;
- People support what they help create; and
- Science matters.

What this means is that communities like yours have the knowledge and the power to solve local substance abuse problems. It means that communities that actively participate in solving their own problems are more invested in the work and in the results. It means that using an effective planning process that demonstrates positive results using real evidence from the community is crucial for this important work to be successful.

Why a Toolkit?

This Toolkit is intended to be used as a technical guide. We hope that it will provide communities with a useful road map for developing, implementing and sustaining effective substance abuse prevention strategies. We hope that communities will use this Toolkit as a reference document in order to:

- Gain a deeper understanding of the essential components of substance abuse prevention planning;
- Learn how to develop, implement, evaluate and refine prevention strategies;
- Achieve positive outcomes; and
- Develop the necessary skills and capacities to sustain those outcomes.

This Toolkit will take communities through a progressive series of steps that will help them to develop prevention strategies from the ground up. More experienced prevention workers can use the Toolkit to refresh their understanding of the prevention planning process, or to help to re-focus on critical issues such as target population or evaluation. This Toolkit can be used as communities embark on new prevention work, or to help to strengthen strategies that are already being implemented. Community coaches and technical assistance providers should be able to use this Toolkit as a guide to facilitate prevention planning with local coalitions.

This Toolkit was produced through a collaborative effort between the Southwest Center for the Application of Prevention Technologies, and the State of Nebraska Department of Health & Human Services, Office of Mental Health, Substance Abuse and Addiction Services.

Each section is accompanied by sample worksheets that will assist you to implement that step of the planning process.

The Planning Process

There are many ways to do prevention planning. At the heart of all planning methods is a basic, logical sequence of steps that help communities move from identifying problems to developing solutions and evaluating results. While, in the past, communities may have used different words to describe these steps, we've settled on a terminology that we think works well for the process laid out here.

While we realize that prevention planning is often more of a circular process than a linear one, this Toolkit suggests a specific series of steps as a solid method for communities to build a prevention plan that has all the necessary pieces in place to succeed. Or, if the strategies a community is implementing now are not succeeding, this Toolkit can be a guide to those planning steps that should be re-worked in order to achieve better results in the future.

Because planning is a circular process, communities will frequently find themselves going back and re-working steps in order to deal with new information that comes up or to improve the logical linkages between parts of the plan. Communities shouldn't ever be able to say that their planning is done – as soon as they've worked through the process, they should begin reviewing earlier steps in order to account for the ever-changing conditions in which we live.

The Toolkit is divided into eleven sections. These sections represent the primary categories of work communities will have to do in order to develop successful substance abuse prevention plans. Each section is accompanied by sample worksheets that will assist communities to implement that step of the planning process.

Section 1: Mission – This section will help you to answer the question, “Where Are We Going?” You will:

- Clearly articulate the purpose of your prevention plan.

Section 2: Assessment – This section will help you answer the question, “What’s Going On?” You will gather information about:

- What substance use and abuse looks like in your community;
- What other people in your community have already done to solve this or related problems;
- Existing community resources;
- Who’s interested in your work, and
- Who you want to have assisting you in the planning process.

Section 3: Problem Statement – This section will help you answer the question, “What’s Wrong?” You will:

- Clearly identify the problem your community wants to solve.

Section 4: Target – This section will help you answer the question, “What’s Our Focus?”

- Identify who or what your prevention plan will target;

Section 5: Goals – This section will help you answer the question, “How Will Things Change?” You will:

- Describe the broad, overall changes you want to see occur throughout your focus area.

Section 6: Objectives – This section will help you answer the question, “What Has To Change For Us to Reach Our Goal?” You will consider:

- The underlying conditions or personal attributes that either contribute to – or protect against – substance abuse.

Section 7: Outcomes – This section will help you answer the questions, “What Does Success Look Like?” You will:

- Hone in on exactly what “success” will mean for your project.

Section 8: Strategies, Activities, Outcome Indicators & Outputs – This section will help you answer the question, “What Will We Do?” You will:

- Plan exactly what approaches you will adopt.

Section 9: Implementation Plan & Process Indicators – This section will help you answer the question, “Exactly What Do We Have to Do?” You will:

- Plan exactly how to implement the strategies you’ve selected;
- Develop specific benchmarks for the implementation process.

Section 10: Evaluation – This section will help you answer the question, “How Will We Measure Our Outcomes?” You will:

- Collect the right information about the strategies you are implementing, and your target population;
- Analyze the information you’ve gathered so that you know if your prevention plan is succeeding.

Section 11: Sustainability – This section will help you answer the question, “How Do We Maintain Our Outcomes?” You will:

- Learn what it takes to make prevention planning a permanent part of the community fabric;
- Adapt your strategies or implementation process in order to continue achieving positive results.

In Conclusion

A community that goes through all the steps in the Toolkit will be setting itself up to achieve the best results possible. However, it’s important to remember that achieving positive results this year is not enough. Success also means learning how to ensure that those results are produced year after year. By following the steps of this Toolkit, communities will have a deeper understanding of what it takes to sustain positive outcomes. While this Toolkit will not lead communities through the grant-seeking process or teach them how to write a grant proposal, it will give them the knowledge to effectively plan for securing the needed resources – be they human, material, or financial – to continue achieving success into the future. As we’ve said from the start, that’s about fostering healthy, strong communities to build healthy, strong kids.

ACKNOWLEDGEMENTS

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We thank you all.

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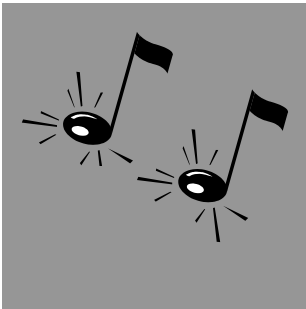
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Symbols To Watch Out For!

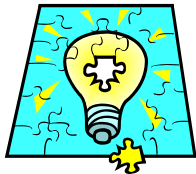
Please pay special attention to the following special symbols in your materials:



This indicates an important **NOTE** is about to be shared.
You will find notes in the right margins.



Pay special attention to these **NOTES**. They usually contain cited material from research documentation, and can be found in the middle of the page. Or else they are a **very important** note that will help you to better understand the information in the text.



If you see this symbol, it indicates that an **Idea** or **Example** is about to be shared. You will find ideas and examples in the middle of the page too!



This means a **HINT** is coming. You will find hints in the left margin, and occasionally in the center of the page under the text.

I. Mission

This section, will help you to answer the question, “*Where Are We Going?*”

You will:

- **Clearly articulate the purpose of your prevention plan.**

Section One: MISSION

“Where Are We Going?”

***“If you don’t know where you are going,
it doesn’t matter which way you go.”***

-The “Cheshire Cat”
(Lewis Carroll’s Alice in Wonderland)

People come together to begin a planning process for a reason. You have decided to work together to accomplish something. This “something” is your **mission**. A **mission statement** is a sentence or two that expresses the purpose of your prevention planning effort to your stakeholders and the public. A clear and concise **mission statement** will help guide the planning process.

Components of a Mission Statement

When writing a mission statement you should include a minimum of three basic components:

- **Purpose Statement:** Describes why you are engaging in the planning process. Examples of purpose statements include:
 - ✓ *To improve the health and well-being of residents of our community;*
 - ✓ *To empower local communities to do effective substance abuse prevention planning.*
- **Business Statement:** Describes what the initiative must do to achieve its purpose. An example of a business statement is:
 - ✓ *To reduce rates of substance use and delay onset of first use;*
 - ✓ *To effectively plan, coordinate, integrate and manage prevention resources.*
- **Values / Beliefs Statement:** Describes the principles and/or beliefs that guide the work of your program. Some examples of values include: Judeo- Christian beliefs, a commitment to excellent service, innovation, diversity, creativity, honesty, integrity, etc. An example of a values statement is:
 - ✓ *To be culturally competent and inclusive.*



If you are developing a mission within a larger organization, the Mission Statement should be consistent with the larger organization’s overall mission and purpose.

Once you have written your **purpose**, **business** and **values** statements, you need to put them all together to form a cohesive mission statement.

Examples of Mission Statements

To complete your **mission statement** it is necessary to combine your **purpose**, **business** and **values / belief statements**. Some additional examples follow:

- State of Nebraska, Substance Abuse Prevention Mission: To improve the health and well-being of individuals throughout the state *[purpose]* by effectively planning, coordinating, integrating and managing prevention resources in order to empower regions and local communities to use evidence-based processes to: (1) reduce rates of substance abuse and (2) delay onset of first use *[business]*.
- America's Promise mission: To mobilize people from every sector of American life *[purpose]* to build the competence and character of our nation's youth *[values]* by fulfilling five promises: 1. Caring adults, 2. Safe places, 3. Healthy Start, 4. Marketable Skills, 5. Opportunities *[business]*.
- The YMCA of San Francisco, based in Judeo-Christian heritage *[values]*, seeks to enhance the lives of all people *[purpose]* through programs designed to develop spirit, mind and body *[business]*.
- The National Conference, founded in 1927 as the National Conference of Christians and Jews, is a human relations organization dedicated to fighting bias, bigotry, and racism in America *[purpose]*. The National conference promotes understanding and respect among all races, religions and cultures *[values]* through advocacy, conflict resolution, and education *[business]*.

An example mission statement around prevention *systems* change might be:

- To work collaboratively as a prevention system *[business]* to ensure long-term reductions in substance abuse related problems in order to improve the health and wellbeing of our community *[purpose]*.

(Much of this section was adapted from: Copyright ©1994-95 Support Center, 706 Mission Street, 5th Floor, San Francisco, CA, USA 94103-3113. 415-974-5100.)

(Go to "Mission Statement Worksheet" – pg. 75)



A values/belief statement is not an essential component of a mission statement unless particular values are the driving force behind the initiative.



It is vital that all identified planning partners agree upon the final Mission Statement. This ensures that everyone is committed to the initiative's purpose.

II. Community Assessment

**This section will help you answer the question,
*“What’s Going On?”***

You will gather information about:

- **What substance use and abuse looks like in your community;**
- **What other people in your community have already done to solve this or related problems;**
- **Existing community resources;**
- **Who’s interested in your work; and**
- **Who you want to have assisting you in the planning process.**

Section Two: COMMUNITY ASSESSMENT

“What’s Going On?”

Community Assessment is a structured method used to gather information in order to record and analyze the extent of a particular problem in your community. **Assessments** are the tools you will use to ensure that you are engaging in a data-driven decision-making process.

There are three main methods used to collect the type of information that will assist you, later on, to define and articulate the problem(s) you will address: (1) Description of **Contextual Conditions**; (2) **Needs Assessment**; and (3) **Resource Assessment**.

(1) Contextual Conditions: Describing **contextual conditions** is a way to illustrate the various factors that impact the prevention system in one way or another. A description of contextual conditions is an itemized list that helps to clarify why things are the way they are.

(References to “contextual conditions” are adapted from CSAP’s draft “Building Substance Abuse Prevention: Developing a State-Centered Process for Linking Workforce Competencies with Prevention Planning,” Conference Edition, 2002.)

(2) Needs Assessment: A **needs assessment** will help you to hone in on two important issues in your focus area: (1) the extent of the substance abuse problem, and (2) the degree of need for technical assistance in prevention program planning and development. In order to start your planning process, you will need to know: (a) what are the primary issues affecting community health and well-being; (b) who is affected by the issues you are addressing; (c) how much they are affected; and (d) where the need is greatest.

(3) Resource Assessment: A **resource assessment** will help you gain a clear idea of the prevention strategies that are currently being implemented in your focus area, and what other resources are available to help you develop and implement your prevention plan.

Community assessment is the prevention planning step most often skipped because people often think they don’t have the time to complete a process as involved as conducting assessments. While completing assessments can be a time-consuming task, it doesn’t have to be. You might find that much of the information you are interested in has already been collected as data by local organizations or agencies, and it is just a matter of locating it.

In addition, people are often convinced that they already have a good understanding of the issues they are trying to address. However, by going through the assessment planning efforts in a completely new direction than they originally imagined. Also, they frequently identify new opportunities that they didn’t know existed.



In this step of planning, you are trying to get a better idea of:

- ❖ What issues are adversely affecting community health and well being;
- ❖ The extent of the issue(s), or condition(s);
- ❖ Who is affected by the issue(s);
- ❖ Why the issue(s) exist;
- ❖ What helps prevent the issue(s); and
- ❖ What others have done to try to deal with similar issues?



Example

Let's imagine a community that assumes that a few "bad eggs" among its teenagers are influencing their peers to drink, have loud parties and get into fights. Many in the community have already decided that the answer is for these kids and their families to undergo some intensive counseling sessions and family management/parenting classes to set them straight.

However, after a youth survey is completed, coalition members discover some information they didn't expect to see: youth say that most adults actually look the other way when teens have their beer parties. Furthermore, members of the local police department report that they don't actually feel they have community support to crack down on teen drinking – or on the adults supplying the beer.

Based on the data, the community ends up deciding to implement community-wide education and communications strategies to try and change norms around teen drinking. And, they work with the police to provide community support to enforce laws that will curb teen access to alcohol.

What this example shows you is that it's easy to jump to conclusions about what to do, based on your gut feeling – but those conclusions won't always lead you to solutions that will improve the situation.

Contextual Conditions

The first step in doing a community assessment is to describe **contextual conditions**. This description of the conditions within the overall environment that have existed or currently exist will help to explain why things are the way they are. It will provide you with important information about the environment in your focus area, related to the prevention *system* and *infrastructure*. Contextual conditions include both positive and negative variables such as: budget; policies (e.g., do conflicting policies exist?); strategic planning (e.g., are all stakeholders included?); adequacy of workforce performance; staffing; the presence or absence of evidence-based approaches; degree of collaboration; resources; adequacy of infrastructure; etc.

(Go to "Contextual Conditions Worksheet" – pg. 76)

NEEDS ASSESSMENT

The second step in community assessment is the **needs assessment**. Your needs assessment will give you information about the current status of the substance abuse (and related) problems, as well as the current status of community readiness for program planning and development. The information you collect through assessment will provide you with a **baseline**. (A **baseline** is the initial information collected prior to the implementation of a plan or an intervention. The **baseline** measure is the initial measurement of a problem or issue, against which outcomes can be compared at strategic points during, and at the completion of, an intervention.)

Once your plan is being implemented, you will take new measures, and compare those findings with the **baseline**. The goal is to show how substance abuse and related problems, as well as community readiness, change as a result of implementing your plan. The process of collecting and analyzing information about the changes that take place over time, as a result of your prevention strategies, is called **evaluation**. You will learn more about that later.

Your **needs assessment** should identify the demographic data (race/ethnicity, age, gender, etc.) of the groups affected by the issues you want to address. You will want to collect data about *how* those groups are being affected. You will also want to examine the conditions that bolster the strength of communities to take action, versus those conditions that contribute to inactive communities, or ineffective community actions.

Through your **needs assessment**, you can also start to examine conditions that may contribute to, or safeguard against, substance abuse. These underlying conditions are called **risk and protective factors**. To prevent a problem from occurring, it is necessary to identify both the factors that increase the likelihood of that problem developing, and those factors that decrease that likelihood.

Risk and Protective Factors

For over 20 years, two researchers from the University of Washington (J. David Hawkins and Richard F. Catalano) have been examining what contributes to or protects against a child's developing problem behaviors. Through years of collecting and analyzing evidence, they have found that there are specific **risk and protective factors** associated with substance use. These **risk and protective factors** are organized into the important areas – or domains – of a young person's life: individual/peer; family; school; and community.



Your gut feeling about the nature and extent of community needs is not enough – you need the facts on your side.



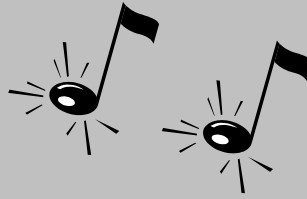
By collecting good data NOW, you will have the information you need later on to start developing the most effective prevention strategies.



If your prevention planning effort is focusing on a system (e.g., organization, region, or county) you will not have to examine risk and protective factors data

Risk/Protective Factors Chart

DOMAIN	RISK FACTORS	PROTECTIVE FACTORS
Individual/ Peer	<ul style="list-style-type: none"> • Alienation and rebelliousness • Friends who engage in the problem behavior • Favorable attitudes towards the problem behavior • Early initiation of the problem behavior 	<ul style="list-style-type: none"> • Bonding to peers with healthy beliefs and clear standards: <ul style="list-style-type: none"> ✓ Meaningful opportunities to contribute to the peer group ✓ Skills to successfully take advantage of those opportunities ✓ Recognition/ acknowledgement of efforts
Family	<ul style="list-style-type: none"> • Family history of high-risk behavior • Family management problems • Family conflict • Parental attitudes and involvement in the problem behavior 	<ul style="list-style-type: none"> • Bonding to a family with healthy beliefs and clear standards: <ul style="list-style-type: none"> ✓ Meaningful opportunities to contribute to the family ✓ Skills to successfully take advantage of those opportunities ✓ Recognition/ acknowledgement of efforts
School	<ul style="list-style-type: none"> • Early and persistent antisocial behavior • Academic failure beginning in elementary school • Low commitment to school 	<ul style="list-style-type: none"> • Bonding to a school that promotes healthy beliefs and clear standards: <ul style="list-style-type: none"> ✓ Meaningful opportunities to contribute to the school community ✓ Skills to successfully take advantage of those opportunities ✓ Recognition/ acknowledgement of efforts
Community	<ul style="list-style-type: none"> • Availability of drugs • Community laws and norms favorable toward drug use • Transition and mobility • Low neighborhood attachment and community disorganization • Extreme economic and social deprivation 	<ul style="list-style-type: none"> • Bonding to a community that promotes healthy beliefs and clear standards: <ul style="list-style-type: none"> ✓ Meaningful opportunities to contribute to the community ✓ Skills to successfully take advantage of those opportunities ✓ Recognition/ acknowledgement of efforts



The protective factors that have been validated by Hawkins' & Catalano's research all relate to *bonding*. To build bonding, 3 conditions are necessary; opportunities, skills and recognition.

"Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high-risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting in trouble.

Children must be provided with **opportunities** to contribute to their community, family, peers and school. The challenge is to provide children with meaningful opportunities that help them feel responsible and significant.

Children must be taught the **skills** necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be **recognized** and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance." *

Some generalizations can be made about Hawkins' and Catalano's **risk and protective factor** model:

- Risks exist in multiple domains, so prevention efforts will be more effective if they are comprehensive (effect change in several domains);
- The more risk factors that are present the greater the risk. While it may not be possible to address every single risk factor that is present, reducing the overall number can have a significant impact on future problem behaviors.
- Risk factors show the same effect across different races, cultures, and classes.
- Protective factors buffer risk. Therefore, increasing the presence of protective factors can have a positive affect on the problem behavior you're trying to change.



It's crucial to remember that you can't turn a protective factor into a risk factor or vice versa. In other words, it is **INCORRECT** to state that the absence of a protective factor is a risk factor. Similarly, it is **INCORRECT** to state that the absence of a risk factor is a protective factor. The evaluation research shows that kind of thinking will lead communities astray.

Getting Started

To get started on your needs assessment, think about what type of information (data) you will need to gather in order to better understand what is happening in your focus area. Many different kinds of data can be collected. There are several questions you can ask yourself to help you start this process:

- What evidence exists that demonstrates the presence of substance abuse and related problem behaviors?
- What evidence exists regarding the degree of risk and protective factors for youth within the focus area?
- What evidence exists regarding the level of community engagement in prevention (or other community initiatives) in your focus area?
- Are there existing sources from which you can obtain this information/data?
- How will you go about collecting it? What method, or combination of methods, will you use?

Demographic and Social Indicator Data

Demographic data includes race/ethnicity, age, gender, grade and family composition. **Social indicators** (including religious affiliation, income, or criminal behaviors) provide descriptive information about sub-populations. Demographic and social indicator data can help you to identify a relationship between substance abuse and different facets or conditions of society. Examining demographic and social indicator data can help you see how different sub-populations are affected by substance abuse, or are involved in prevention program planning or development.

Risk and Protective Factor Data

You will want to assess the baseline levels of risk and protective factors in your focus area. You should make sure you are collecting information in the individual/peer, family, school and community domains.

Rate, Prevalence and Incidence Data

Rate, **prevalence** and **incidence** are statistics that tell you what the problem behavior(s) looks like within the population. You will want to examine both the specific behaviors that are considered problems, as well as co-occurring behaviors (e.g., school dropout, violence, delinquency and teen pregnancy).

- **Rate:** Describes the *proportion* of the relevant population exhibiting the behavior. For example, if your relevant population is high school students, and your data shows that 600 out of a total of 1,800 students say they have smoked marijuana at least once, then your **rate** of marijuana use is 30%.
- **Prevalence:** Describes the *number* of times a behavior has occurred within a specified



If you find out that a situation has stabilized, and a problem isn't growing (the **incidence** is low), then an intervention to address that condition will likely be of shorter duration, because you should be able to contend with it more quickly.

time period. For example, if 600 students say they smoked marijuana for the first time within the last year, the **prevalence** of first-time marijuana use is 600 per year.

- **Incidence:** Describes the speed with which the behavior is *escalating or growing* within a specified time period. For example, if 15 *new* 8th graders start smoking marijuana every month, the **incidence** of the problem among 8th graders is 15 per month, or 180 *new users* per year.

Data Collection Methods

Below are descriptions of some of the more common methods of collecting data:

- **Records:** Information about the substance abuse problem can be found in the records of local agencies and organizations (for example, the Census, courts, schools, police department, and social services).
- **Surveys:** Survey information is usually collected through interviews or questionnaires given to a sample group of people who will be affected by your prevention plan. The size of your sample will depend on several factors including the amount of time and money you have available to spend conducting surveys.
- **Focus Groups:** Groups of 7-12 who you spend time with, talking about substance abuse and related problems. Focus groups can be less expensive, less time consuming and more personal than surveys. They can provide you with an opportunity to learn, first-hand, what a few individuals think about the substance abuse. While the information you collect from **focus groups** can give you an idea of what to expect from the overall population, a drawback is that they provide input from only a small sample of residents. As a result, you must be cautious about how you use the information from focus groups, as the data may not apply to the entire area you are focusing on.

(Go to "Needs Assessment Data Worksheet" – pg. 77)

RESOURCE ASSESSMENT

A resource assessment is the process you use to collect information about:

- Services that currently exist in your focus area; as well as, Resources (human, financial and in-kind) which are available to help

you develop and implement your prevention plan. (In-kind resources are donations of cash as well as concrete things such as meeting room, use of copiers, office supplies, furniture, etc.)

Your resource assessment will help to ensure that you don't duplicate strategies already in place. It will also identify gaps – issues or populations that aren't currently getting attention. You can also use the information you collect through a **resource assessment** to identify additional **stakeholders**, **opinion leaders** and potential **collaborators** whom you may want to invite into the planning process.

Identifying Stakeholders

Stakeholders are those who will be involved in, affected by, interested in, or have power over your effort in one way or another. Stakeholders include any entity that has a monetary, social or political investment or interest in substance abuse prevention or the youth population.

Stakeholders can be administrators within prevention agencies or organizations, as well as other social service agencies serving the youth population. They also include youth and other community residents affected in any way by substance abuse.

An important reason to identify possible **stakeholders** early in the planning process is that you will likely want to invite several of these people to join the planning effort as **collaborators**. You will also want to identify which stakeholders are the community's **opinion leaders** who will be able to advocate on behalf of your project.

You should understand:

- *Who* your stakeholders are;
- *What* their "stake," or interest, in substance abuse prevention is; and
- *To what degree* their interest or support is important successfully planning a substance abuse prevention program.

You may need something from some of your stakeholders in the future, they may have some decision-making authority over your initiative, or they may want something from you. Stakeholders include:

- Anyone who might eventually participate in the prevention plan you develop;
- Financial supporters;
- Residents of the community in which your prevention strategies will be implemented;
- Those who provide services;



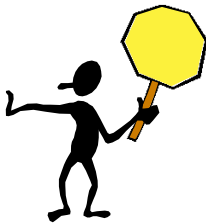
Don't forget that community residents are your most important stakeholders. If you take their perspective into consideration as you are initiating the planning process, you are more likely to develop a successful prevention plan.

- Those who already engaged in substance abuse prevention efforts within your community.
- Referring agencies.

Opinion Leaders and Allies

Opinion leaders are people who are influential within your community. Research shows that opinion leaders are more persuasive in changing public opinion through interpersonal means than any mass communication effort you could embark upon. Opinion leaders are key stakeholders who should be recruited to support your prevention project.

Allies are those key **stakeholders**, **opinion leaders** and **collaborators** who will actively work with you, or who will champion your cause. To complete your **resource assessment**, there are several questions you will want to answer about your stakeholders and opinion leaders in order to find out whether they will be your **allies**:



In conducting a **resources assessment**, it is important to try and take into consideration both large State or County agencies, and smaller, community-based resources.

- What individuals, agencies or organizations are currently working on substance abuse issues (local associations, churches, institutions)? How does your area of interest and impact intersect with theirs? How can their partnering with you help them to achieve their own goals? How effective have they been at accomplishing their goals? What are their areas of strength and weakness?
- What coalitions or collaborations already exist to address substance abuse or related issues? How can their partnering with you help them to achieve their own goals? How effective have they been at accomplishing their goals? What are their areas of strength and weakness?
- What private businesses (small or large) exist within your focus area?
- What individuals would be helpful to the success of your prevention plan?

(Go to "Stakeholder/Opinion Leader Worksheet" – pg. 79 & "Resource Assessment & Allies Matrix Worksheet" – pg. 82)

Collaborators

Collaborators are those **stakeholders** who will work with you, in one way or another, to develop and implement your prevention plan.

In deciding with whom you are interested in joining forces, you should generate a list of potential collaborators. You probably already identified several likely candidates when you developed your list of stakeholders.

At a minimum, your list should include public health, education, behavioral health, and law enforcement. For Native American tribal communities, your collaborators should be the functional equivalents of these entities. Other potential collaborators might include:

- the media,
- businesses,
- civic/community/youth organizations,
- local government,
- the faith community, and
- financial institutions.

Remember, collaboration should be meaningful, and should bring added value to you *and* the other party. You should start the process of choosing partners by making a list of each potential collaborator and noting down:

- What you think their role could be throughout the prevention planning process,
- What resources they bring to the table (e.g., financial; human; time),
- Why they would want to participate.
- Their level of commitment to substance abuse prevention and to planning.

Once you've composed your list of potential **collaborators**, you should think about when and how you will contact them to invite them into the planning process. Then, as you begin to work with new partners, it's important to think about how best to keep collaboration ongoing. One way to maintain momentum is to schedule regular planning meetings. By keeping a record – both of who attends these meetings, and what responsibilities each participant has taken on – you will be able to continually re-assess the level of commitment and involvement of your partners. Effective record- keeping now will also assist you later in your **process evaluation**.



Different **collaborators** will be invested in different ways, and will spend more or less time helping you plan. That's okay! Some will be more involved in planning; some will be more involved in providing resources; others may have good political connections and will be able to help you take your prevention plan to the right people to get support and financial backing.



It is important to be *inclusive* when you start pulling together potential collaborators. That means working hard to ensure that all of the diverse populations within your community are represented at the table. You may have to step out of your own comfort zone in order to make sure that everyone has the opportunity to participate – and that **THEY** feel comfortable about doing so.



There are costs and benefits to collaborating. The *costs* of collaboration include reduced freedom to act independently, and the added time and energy required to engage in joining decision-making. The greatest *benefit* from collaboration is that you can usually accomplish more working with others who bring additional resources to the table. Furthermore, many funders now require that you demonstrate that you are engaged in a collaborative process.

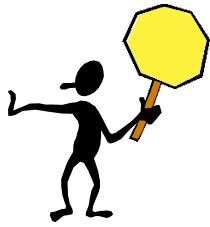
(Go to “Identifying Potential Collaborators Worksheet” – pg. 84)

III. Problem Statement

**This section will help you answer the question,
*“What’s Wrong?”***

You will:

- **Clearly identify the problem your community wants to solve.**



Section Three: PROBLEM STATEMENT

“What’s Wrong?”

People engage in planning efforts in order to try and solve problems. A **problem statement** is a brief description of the most important issues that compromise the health and well-being of your community and specifies the problem that your planning initiative will address. In this section, you will write a problem statement. Your **problem statement** should flow directly out of the data you have collected through your **assessment**.

You should phrase your **problem statement** in terms of the behaviors, knowledge or attitudes that currently exist that are a problem and need to change.

Avoid the “Lack” Trap

It is easy to fall into the trap of describing the problem you want to solve as a *lack* of certain activities that you will resolve by providing those activities.

Examples of the “lack” trap include:

- There is a lack of evidence-based approaches.
- There is a lack of effective prevention planning.
- There is a lack of coordinated efforts.
- There is a lack of enforcement.

When writing your **problem statement**, be careful not to suggest what you think is causing your problem, or what you think will solve your problem. You will get to that later.

Be careful! Don’t fall into the “lack” trap! Framing the problem in terms of what is *lacking* is almost always a mistake – it is usually just another way to describe what you think is causing the problem, or, what you think will solve the problem.



Example #1

If you say:

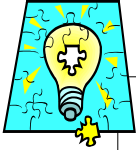
- ✓ *There is a lack of enforcement of minors in possession of alcohol.*

You are really saying that your initiative will provide approaches that increase enforcement – that is a **strategy**!

An example of a better problem statement is:

- ✓ *The problem is that minors drink alcohol freely.*

Note: You may believe that this is a problem because alcohol use contributes to an unacceptably high rate of accidents and injuries among young people.



Example #2

If you say:

- ✓ *There is a lack of evidence-based approaches.*

You are really saying that you think the use of evidence-based approaches is what is needed to make your initiative work. You are saying that your initiative will facilitate certain actions that will increase the use of evidence-based approaches. If you do that, you are talking about **strategies**. You will get to strategies later. Now, get back to your problem statement and describe the conditions that *exist* (not what is lacking), that are a problem.

For example, a better problem statement is:

- ✓ *A majority of the organization's resources are directed at supporting structures, systems and operations that are guided by intuition, un-validated beliefs, opinions, historical practices, and/or funding streams, aimed at identifying outputs.*

Note: You may believe this is a problem because these factors keep the organization from being able to demonstrate that it is achieving its goals.

Exception to the Rule

The only time when it is appropriate to talk about the problem in terms of what is lacking is when you are talking about knowledge. Often, problems that have to do with knowledge represent an absence (or *lack*) of knowledge.

For example:

- Store owners don't *know* what the law is regarding underage smoking.
- Parents don't *understand* their children's attitudes towards drugs.
- Residents don't *know* what actions to take if they see under-age youth drinking in public.

Remember to take **risk and protective factors** into consideration in your problem statement if you are planning to work at changing the behavior of individuals or groups. In developing a problem statement that incorporates risk and protective factors, it is necessary to prioritize those factors. In prioritizing risk and protective factors, it is important to consider how easy or difficult they are to change.

Some risk and protective factors can be changed (e.g., academic failure). Some can be modified, but not changed (e.g., availability of drugs). And others can not be affected directly or easily (e.g., extreme economic deprivation). These issues should be taken into consideration as you prioritize which risk and protective factors your effort will attempt to address.

Sample Problem Statements using Risk and Protective Factors:

- It's a problem that 50% of youth in this community start drinking before the age of 14.
- It's a problem that 65% of parents surveyed state that drinking is a "right of passage" for teenagers.
- It's a problem that 45% of retail outlets have been identified as selling cigarettes to underage youth.

Problem statements can also be stated more broadly:

- It's a problem that community norms support underage drinking.
- It's a problem that a majority of youth in our community are engaged in one or more high-risk behaviors (substance use, delinquency, teen pregnancy, truancy) by the time they are 15.

(Go to "*Problem Statement Worksheet*" – pg. 86)

IV. Target

**This section will help you answer the question,
*“What’s Our Target?”***

You will:

- **Identify who or what your prevention plan will target.**

Section Four: TARGET

“What’s Our Target?”

Identifying the **target** of your initiative will determine who or what, specifically, your effort will focus on changing. Your initiative can target:

- Individuals;
- Groups of individuals connected by relationships (families; an organization);
- Groups of individuals connected by a geographically related area (community or block); or
- Systems (such as a school system, court system or local prevention infrastructure).

In this section you will work on making sure your prevention initiative is being directed at the right people – your **target population**. (If you are working on systems change, go right to **Section Five: GOALS**.)

Target Population Categories

Generally, your target population will fit into one of three categories.

- **Universal:** A universal target population is the entire population – e.g., all students in a school, all residents in a community, all parents in a neighborhood.
- **Selected:** A selected population is a specific group within the general population that is deemed to be at risk for substance abuse by virtue of its membership in a particular population segment – e.g., dropouts, underachieving students, children of alcoholic parents. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, family history, place of residence (e.g., low-income neighborhood), victimization by physical or sexual abuse, or membership in a group at risk (e.g. youth experiencing transition, such as fifth or sixth graders moving to middle school or eighth or ninth graders moving to high school).
- **Indicated:** An indicated population is just those youth who are at high-risk for alcohol and other drug problems, e.g., youth who are already experimenting with substances or who exhibit other risk behaviors related to substance abuse such as truancy, aggressiveness or violence, or pregnancy.

The category you choose will help you focus in, later, on particular kinds of **strategies** designed, specifically, for each of these groups.



**Review your
needs
assessment in
order to hone in
on the
appropriate
target population.**

You may already know whether or not you plan to focus on a **universal**, **indicated** or **selected** population. For others, the category you choose to focus on may emerge as you continue to examine data from your **needs** and **resource assessment**.

Selection Criteria

If you are going to target an **indicated** or **selected** population, you will need to be specific about the characteristics of the particular group you will focus on. A useful way to hone in an indicated or selected population is to develop a list of characteristics (called **selection criteria**) that clearly differentiate your target population from everyone else. Your completed **resource assessment** and **needs assessment** will help guide you through this process.

Based upon your **resource assessment** and **needs assessment**, you should already have a good idea of the population on which you would like to focus. Your **selection criteria** help you identify who, from the general population, will be *included* and who will *excluded* from your target population.

Go back to your problem statement for help developing your selection criteria. For example, if the problem you identified is an exceedingly high rate of marijuana use among middle school children, then your **selection criteria** should help you to identify the specific groups of children in middle school who are at particular risk for smoking marijuana.

Direct vs. Indirect Targets

Your **target population** will include individuals whom your prevention initiative is directly targeting as well as individuals who are indirectly targeted:

- **Direct Targets:** Individuals who will be directly and immediately affected by your prevention strategies.
- **Indirect Targets:** Individuals who the effort will have an eventual impact upon, through indirect means. The behavior, attitude or beliefs of indirect targets might change because of associations with those who are directly and immediately affected by your strategies.



Example

In our marijuana example, the child who is at risk of initiating use is the **direct target** of the initiative. Since the project may also have an affect on that child's siblings, the siblings are **indirect targets**.

You may decide that your initiative's impact on indirect targets is very important. If so, you might want to consider measuring the impact of your project on that part of the target population. You will have an opportunity to think more about this when you start development goals and objectives for your initiative.



If you want to examine the effect of your initiative on the siblings of children at risk of marijuana initiative, you will need to:

- Review the research literature to learn more about how much one child's experiences tend to effect siblings; and
- Examine your assumptions about pathways between one child's experience and a change in behavior among his/her siblings. (For example, if you assume the link is the result of sharing information, you probably won't see any results if siblings live in different households.)

Success with **indirect targets** depends on the strength of the connection between direct and indirect targets, as well as on whether the pathways leading from one to the other are correctly identified.

(Now go to the "Target Population Worksheet" – pg. 88)

V. Goals

This section will help you to answer the question, “*How Will Things Change?*”

In this section you will:

- **Describe the broad, overall changes you want to see occur throughout your focus area.**

Section Five: GOALS

“How Will Things Change?”

The next five steps of prevention planning will take you through the process of **designing a solution** to the problem you outlined earlier. These five steps are:

- Goals
- Objectives
- Outcomes
- Strategies
- Evaluation

This is a continuation of the logical, sequential, data-driven planning process that you have already begun. When you get to the evaluation section, you will use all the steps you are about to lay out to help you to figure out what to measure in order to assess how well your initiative is doing at achieving outcomes.

The planning process is really just a way of answering these questions:

- Where are you now?
- Where do you want to go? and
- How will you get there?

You already answered the question, “*Where are you now?*” when you conducted your needs and resource assessments. The next steps are (1) to develop your overarching goals for your initiative, (2) objectives that indicate that you are on your way to achieving those goals, and (3) outcomes that state precisely what you will achieve and when. Goals, objectives and outcomes answer the question, “*Where do you want to go?*” Then you will work on developing strategies to achieve those goals, and those strategies will answer the question, “*How will you get there?*”

Literature Review

But, before you start to answer the question about “*Where do you want to go?*”; it is important to conduct a **review of research literature** to find out what other people have discovered about the kind of problem you’ve identified, and what they have done to deal with it. In most cases, you will find out that other people have already tried to solve similar problems – and some have succeeded. Why “re-invent the wheel” when you can save time learning from others?

A **review of research literature** can help you learn about:

- What factors contribute to or help prevent the development of the specific problem you are working on;
- What strategies others have used to deal with similar problems among similar target populations; and
- What results they have gotten.



Be careful *not* choose **goals** that you don't have the capacity to measure. If you have no way to monitor whether or not the goal is being achieved, then you shouldn't choose it as a goal!

One of the easiest ways to get started with your **literature review** is to find a few articles on your topic – you can do this at the library or on the World Wide Web. While reviewing articles, pay attention to **theories** about underlying, contributing factors related to your problem, and to the different ways in which the problem has expressed itself in other communities. (Theories explain behavior and suggest ways to achieve behavior change.) By reviewing several articles, you can gain a better understanding of the causes and effects of your identified problem, as well as ideas for solving it.

GOALS

Goals identify in broad terms how your initiative is going to change things in order to solve the problem you have identified. The **goals** describe the kind of overall *changes* you want to see occur throughout your focus area. Later on, you will measure how well your initiative succeeds at accomplishing those goals.



In substance abuse prevention, goals are almost always related to behavior change. That's because the ultimate goal of substance abuse prevention efforts is to reduce or eliminate use – and use is a behavior.

In working with individuals, goals should always focus on changes you are attempting to facilitate in people's behavior. However, if your initiative is aimed at affecting changes in a system (e.g. prevention system, school system, judicial system, etc.) there are many areas of change that you may focus on in developing goals, including degree of justice, efficiency, coordination /collaboration, or physical conditions.

Examples

If the **problem** is that minors drink alcohol freely, the **goal** might be:

✓ *To decrease alcohol use by minors aged 12 to 17.*



It is best to limit the number of **goals** to three or fewer. If you find you have many more **goals** than that, it is probably a sign that you are trying to do **too** much.

Sometimes the problem you are trying to solve is related to the prevention system. For example, it might be a problem that a majority of substance abuse prevention resources are devoted to producing outputs instead of outcomes. If that's the problem, then the project **goal** might be:

- ✓ *To increase the capacity of the prevention infrastructure to engage in outcome-oriented prevention planning.*



While goal statements often seem passionless and dry, it's important to remember that your mission statement is at the heart of every goal. Don't forget your mission when you develop your goals.

(Go to "Goals Worksheet" – pg. 90)

VI. Objectives

**This section will help you answer the question,
*"What Has to Change For Us to Reach Our Goal?"***

You will consider:

- **The underlying conditions or personal attributes that either contribute to – or protect against – substance use and abuse.**

Section Six: OBJECTIVES

"What Has to Change For Us to Reach Our Goal?"

Objectives are more precise statements than goals, that describe the changes in community *conditions or personal attributes* that have to take place in order to reach your goals. **Objectives** address those *underlying conditions or personal attributes* that either contribute to – or protect against – substance use and abuse.

When we are dealing with substance use and abuse (or other high risk behaviors), these underlying conditions or attributes are called **risk and protective factors** (which we discussed earlier, in the *Community Assessment* section of this Toolkit).

Remember that in developing objectives, there should be a direct, logical link between your **objectives** and the goals you just developed. For example, if your goal is to decrease alcohol use by minors, the **objectives** for this effort must be logically linked to that goal.

Brainstorming

The first step in developing **objectives** is to look at each **goal** you developed and **brainstorm** the possible changes in risk and protective factors that have to take place if the project is to achieve its goal.

So, let's think again about the steps necessary to get us to the **goal** of decreasing alcohol use by minors aged 12 to 17. A brainstormed list of the risk and protective factors that have to take place in order to achieve that goal might be:

- ✓ *Increase the number of retail alcohol outlets that refuse to sell alcohol to minors youth aged 12 to 17;*
- ✓ *Decrease access to alcohol in the home by youth aged 12 to 17;*
- ✓ *Decrease the availability of alcohol at community-sponsored events.*

If you are involved in a broader prevention planning process focusing on systems change, your **goal** might be *to increase the capacity of the prevention infrastructure to engage in outcome-oriented prevention planning*. (In this case, you would *not* be trying to address risk and protective factors.) An **objective** to reach that goal might be:

- ✓ *Increase the degree to which members of the prevention infrastructure use data to drive decision-making.*



For those involved in prevention planning efforts with goals that are aimed at changing systems, objectives might encompass issues related to planning, staffing, resources, etc. Even if you are working on systems change, you can think of objectives as the underlying conditions that contribute to the problem you are trying to solve.

Go back to your prioritized list of risk and protective factors that you developed in your needs assessment. Focus on those risk and protective factors that are the top priorities.

Remember what you learned earlier about risk and protective factors! You can't turn a protective factor into a risk factor or vice versa. In other words, it is **INCORRECT** to state that the absence of a protective factor is a risk factor. Similarly, it is **INCORRECT** to state that the absence of a risk factor is a protective factor.

Tips on Objectives

- If your goals are related to behavior change, your objectives should reflect risk and protective factors identified through your **community assessment**.
- The more specific the better. If you avoid ambiguous or general language, the easier it will be to interpret the effectiveness of a strategy, later on.
- Consider what you will need to do to measure the objective. If it is too hard to measure, you should discard it.
- Changes in knowledge, attitudes or norms can be indicated by a change in behavior. Since changes in knowledge, attitudes and norms can sometimes be difficult to measure, it may be easier to use a change in behavior as your **objective**. For example, if your goal is to decrease alcohol use by minors aged 12 to 17; an objective might be a *decrease in the number of parents who feel it is acceptable to provide alcohol to underage youth in their home*. While that attitude change might be hard to measure directly, it could be indicated by a change in *behavior* such as:
 - ✓ *Decreased access to alcohol in the home by youth aged 12 to 17.*
- In writing objectives, you should remember that you want to *increase* protective factors and *decrease* risk factors.



Remember that when you are writing objectives related to **risk and protective factors**, you must always *decrease* risk factors and *increase* protective factors. Here is an example of writing an incorrect **objective**:

Incorrect:

- ✓ *An **increase** in number of homes in which alcohol is not available to youth aged 12 to 17.*

Since “access” (or availability) is a risk factor, the correctly written **objective** is:

Correct:

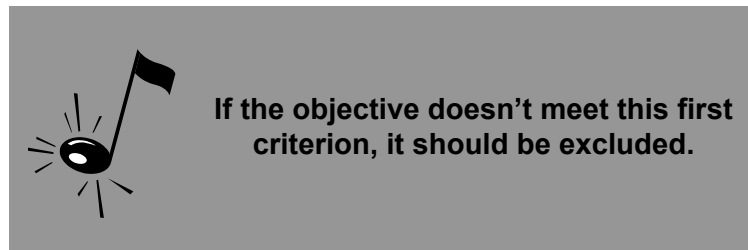
- ✓ ***Decrease** access to alcohol in the home by youth aged 12 to 17.*

Choosing Objectives

Once you have **brainstormed** several possible **objectives** for a goal, it is necessary to identify which ones are best. When choosing objectives it is important to remember that you will not be able to effectively measure every objective you come up with. Therefore, it is better to choose a small number, (3 or 4) high quality objectives than to use every one on your brainstormed list.

To choose the best **objectives**, you need to go through the following list of questions, in this order:

1. Is the objective linked, by logic or theory, to achieving the program's goal?



2. If the objective relates to change in individuals, is it about a change in **knowledge**, **attitude** or **behavior**?
3. If the objective relates to change in risk and/or protective factors, is it about an *increase* in a **protective factor**, or a *decrease* in a **risk factor**?
4. How difficult will it be to measure whether or not this **objective** has been achieved? In other words, how difficult will it be to measure the change described by this objective?
5. How important or meaningful is this objective to key **stakeholders**?

(Go to the "Objectives Worksheet" – pg. 91)

VII. Outcomes

**This section will help you answer the questions,
*“What Does ‘Success’ Look Like?”***

You will:

- **Hone in on exactly what “success” will mean for your project.**

Section Seven: OUTCOMES

“What Does Success Look Like?”

Now that you have developed your program **objectives**, you should start thinking about how you will demonstrate whether or not these objectives are being achieved. Now is the time to start identifying what “success” will mean for each objective. You will do that in this section, by developing what are called **outcomes**.

The **objectives** you developed in the previous section were descriptions of the community conditions or personal attributes that have to change in order to accomplish your goals. **Outcomes** are even more specific statements that describe the tangible accomplishments that demonstrate that progress is being made. Outcomes are specific, measurable, and time-limited statements that indicate your initiative is on the road to success.

Outcomes describe what has to happen for you to know your initiative is working. Only by developing measurable outcomes will you be able to measure whether or not your project is achieving its goals. As mentioned above, if your initiative is aimed at effecting changes in a system, there are many areas of change that you may focus on, including attitudes, knowledge, behavior, physical conditions, degree of justice, or efficiency. Changes in individuals will fit into at least one of three categories: knowledge, attitudes (feelings or opinions), or behavior (including skills).

Writing Outcomes



Now it's time to develop your **outcomes** – measurable statements describing exactly how much change you are hoping for in order to for a goal to be achieved.

There are three important components to writing an **outcome**:

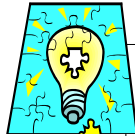
- **Performance Standards;**
- **Time Frames;** and
- **Sentence Construction.**

When writing your **outcomes**, it is helpful to be “**SMART**”:

- **Specific**
- **Measurable**
- **Achievable**
- **Related to the objective**
- **Time Limited**

Determine Performance Standard

The **performance standard** is the degree of change you select for your **outcome**. The **performance standard** will tell you how much change you need to see in order to know that you are successfully achieving your goal. You can look back at your **review of the research literature**, to find out the kinds of performance standards that others have set for similar problems.



Examples

- ✓ *33% increase in the compliance rate for alcohol retail outlets that refuse to sell alcohol to minors.*
- ✓ *35% decrease in the number of parents who report attitudes favorable to allowing youth access to alcohol in their homes;*
- ✓ *The number of community-sponsored events at which alcohol is available will decrease by 50%.*



Go back to your **needs assessment** and look at your **baseline** data in order to develop realistic **performance standards**.

You should choose the **performance standard** by looking at some of the **research literature** and examining how success has been defined for other, similar efforts.

Performance standards should be based on your knowledge of the area you're focusing on, and realistic expectations for change among that population.

Determine the Time Frame

The **time frame** is the amount of time you are allowing to pass in order to achieve the **performance standard** in question. It's your final deadline. Again, the research literature might provide some clues about sensible time frames.

- ✓ You might, for example, decide that, ultimately, you want to see an increase in the compliance rate for alcohol retail outlets that refuse to sell alcohol to minors **by June 30, 2006**.

In this example, you need to know the **baseline rate** of compliance with the No Sales to Minors law, in order to determine if compliance increases after you implement your initiative.

When determining your **time frame** you should take into consideration issues such as the fiscal year of your organization or funder, and what you think is a realistic expectation for achieving change based on your experience or the experience of others.

Sentence Construction

Outcomes should be constructed using a standard format. One standard format would take this objective:

- ✓ *To decrease the number of community-sponsored events at which alcohol is available*

and write the following measurable program **outcome**:

- ✓ *To decrease the number of community-sponsored events at which alcohol is available by 50% by June 30, 2006.*

The above, standard format can be written as:

- **To** (action verb such as “increase” or “decrease”) (statement reflecting objective) **by** (performance standard) **by** (deadline).

Another popular format turns the wording around a little:

- *By June 30, 2006, there will be a 35% decrease in the number of parents who report attitudes favorable to allowing youth access to alcohol in their homes.*

That format can be written as:

- **By** (deadline), **the** (action verb) (statement reflecting objective) **will** (performance standard).

(The above material was adapted from: Outcome Evaluation for Nonprofit Organizations, a Donors Forum of Chicago training. Instructor: Lucy Knight of Knight Consulting.)

(Go to “SMART Outcomes Worksheet” – pg. 92)

VIII. Strategies, Activities, Outcome Indicators & Outputs

**This section will help you answer the questions,
*“What Will We Do To Achieve Desired
Outcomes?”***

You will:

- **Plan exactly what approaches you will adopt.**
- **Develop ways to measure each activity.**

Section Eight: STRATEGIES & ACTIVITIES, OUTCOME INDICATORS & OUTPUTS

“What Will We Do To Achieve Desired Outcomes?”

So far, you have identified a **problem** you want to address, based on **needs** you have identified. You have thought about your **goals** for the initiative you are engaged in, and written **objectives** and **outcomes** for each goal. In this section, you will begin to identify the specific **strategies** and **activities** that you will use to achieve those **goals**.

A **strategy** is a very broadly stated course of action, based on **theory** that is selected in order to achieve goals. An example of a strategy is:

- ✓ *Enforcement of laws prohibiting alcohol sales to minors.*

THEORY



Theory is what creates the logical links between **strategies** and **outcomes**, and between **outcomes** and **goals**.

The **theory** behind the above strategy is that if laws are enforced, then the behavior of alcohol vendors is likely to change. Furthermore, if the sales behavior of vendors changes, then minors will have less access to alcohol, and subsequently will drink less.

Theory encompasses the principles that present a concise, systematic view of an issue, subject or problem. **Theories** explain behavior and suggest ways to achieve behavior change.

Theories can often be stated as “if-then” propositions such as:

- **If** parents understand that unsupervised youth drink more than supervised youth, **then** they will ensure their children are participating in supervised activities; or
- **If** teen social events are supervised, **then** the clandestine use of alcohol by youth will be reduced.

It is important to critically examine the theories underlying your strategies. By doing so you may discover that there is no direct, logical relationship between the strategy you have selected and your outcome. If that happens, you need to re-work your **strategies** so that they are connected logically to your **outcomes**.

**(Go to “Theory Worksheet” – pg. 93, and
“Goals, Objectives, Outcomes Worksheet” – pg. 94)**



If you discover **disconnects** between your **strategies** and your **outcomes**, it is important to go back and rethink your approach.

Work on developing logical, reasonable connections between the goals, outcomes, and the strategies you are considering.

Keep in mind that some **strategies** can help you accomplish more than one **outcome**.

STRATEGIES

To develop **strategies**, you should go back and examine the **outcomes** you developed in the previous section. Ask yourself this question:

- What is the best approach to achieving these **outcomes**?

Some examples of broad categories for strategies include:

- Communication;
- Education;
- Technical Assistance / Training
- Policy Adoption
- Enforcement

Universal, Selective and Indicated Strategies

You will recall that when you chose your target population, you had to identify whether or not you would be focusing on a **universal**, **selected** or **indicated** group (see **Section Four: TARGET** for a refresher of this material). Different kinds of strategies are appropriate for each of these target populations.

- **Universal Strategies:** Universal approaches aim to prevent or delay the abuse of alcohol, tobacco, and other drugs among all members of a community or other large group without any prior screening for substance abuse risk.
- **Selective Strategies:** Selective prevention approaches target an entire at-risk subgroup within the general population, regardless of the specific degree of risk of any individual within the group.
- **Indicated Strategies:** Indicated prevention approaches address risk factors associated with the individual, such as conduct disorder, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values.

Individual and Environmental Strategies

As described in the introduction to this Toolkit, prevention is the active process of creating **conditions** and fostering **personal attributes** that promote the well-being of people.

Individual Strategies: When we talk about changing **personal attributes** such as personality, skills, values or knowledge, we're talking about using individually focused strategies. When we use individual strategies we are attempting to change individual **risk** and **protective factors** in order



The great majority of the strategies that we are familiar with – school and church programs, for example – tend to focus on changing **individual attributes**. However, research demonstrates that environmental strategies that work to change the **conditions** in our communities are often more successful in changing problem behaviors over the long term.

to decrease the probability that a person will engage in substance abuse. This approach does *not* include efforts to change the risk and protective factors that are present in the environment, such as availability of alcohol and other drugs, or social norms that tolerate substance abuse.

- **Environmental Strategies:** The goal of environmental strategies is to discourage alcohol and other drug use by the general population. Environmental strategies involve changing **conditions** in the environment (the **risk** and **protective factors**) that either contribute to or protect against the use of alcohol and other drugs. Environmental strategies might limit access to substances, change social norms that tolerate substance abuse, and/or increase the costs of obtaining substances. Environmental strategies establish or change community standards, codes, and attitudes. Examples include establishing school substance use policies, ensuring consistent enforcement of policies and laws governing alcohol and other drug availability, or modifying alcohol and tobacco advertising practices.



Example

Fifty years ago, smoking in restaurants and in the work place was considered totally normal. Ashtrays were found on every desk and table top. However, since that time, a comprehensive array of environmental strategies have been used that have changed community standards, codes, and attitudes. Now, smoking in the work place is virtually unheard of, and smoking in restaurants is often banned or consigned to a small section.



The Center for Substance Abuse Prevention has identified seven types of environmental strategies:

- (1) price interventions;
- (2) minimum purchase age enforcement;
- (3) deterrence;
- (4) location and density of retail outlets;
- (5) restrictions on use;
- (6) server-oriented interventions; and
- (7) counter-advertising.



Any comprehensive plan should include a combination of proven science-based and promising strategies for each of the four domains of interaction: individual/peer; family; school; and community. Your community should build on existing programs and activities to increase the overall effectiveness of your efforts.

Comprehensive Approach

The risk and protective factor framework (see **Section Two: COMMUNITY ASSESSMENT** for a review) utilizes four key prevention **domains**: (1) individual/peer, (2) family, (3) school and (4) community. To most effectively change behavior in youth, the environment in which they live must also change. That means affecting the behavior of the adults and institutions with which youth interact. Prevention strategies should therefore be employed throughout a variety of settings within each of the domains. These include: homes; schools; workplaces; health care facilities; media outlets; human services agencies; neighborhoods; parks, youth centers, or other recreational facilities; community organizations; and institutions. The most effective way to discourage drug use is to provide youth with prevention messages in multiple environments that reinforce one another.



Example

A comprehensive plan might involve a number of strategies that reach youth, parents, teachers, administrators, service providers, and the general population in schools, via media outlets, through laws and policies, at the doctor's office, or in the neighborhood.

ACTIVITIES

Activities are the specific actions that are implemented as part of an overall **strategy**. Once you have selected the primary strategy or strategies you will use, it is time to consider the different **activities** that should be implemented in order put your strategy into action. You will need to develop one or more **activities** to achieve each **outcome** you identified in the last section.



Example

If your **outcome** is:

- ✓ *By June 30, 2006 the compliance rate for alcohol retail outlets that refuse to sell alcohol to minors will increase by 33%,*

and your **strategy** is:

- ✓ *Enforcement of laws prohibiting alcohol sales to minors,*

examples of **activities** include:

- ✓ *Compliance checks of alcohol retailers to identify sales to minors.*
- ✓ *Merchant education provided to all alcohol retail outlet employees.*

OUTCOME INDICATORS

Now that you have developed outcomes and the strategies and activities to achieve them, you can develop your outcome indicators. Outcome indicators are benchmarks – they indicate that you are on the road to achieving your outcomes. Outcome indicators should be good approximations of how quickly your chosen activity will help you to reach your outcome. Outcome indicators should reflect the kinds of measurable changes you expect to see every step of the way as you move forward to achieving your outcomes. There should be at least one outcome indicator for every outcome you plan to achieve. If your outcome is three or more years away, then you should include two or more outcome indicators. Remember, your outcome indicators must be logically linked to your outcomes. They must also be logically linked to your activities.



Example

If your **outcome** is:

- ✓ *By June 30, 2006 the compliance rate for alcohol retail outlets that refuse to sell alcohol to minors will increase by 33%,*

and your **activity** is:

- ✓ *Compliance checks of alcohol retailers to identify sales to underage youth,*

then **outcome indicators** might be:

- ✓ *By June 30, 2004, there will be a 15% increase in the number of alcohol retailers in compliance.*
- ✓ *By June 30, 2005, there will be a 25% increase in the number of alcohol retailers in compliance.*

OUTPUTS

So far, you've identified the **outcomes** you want to achieve, the **strategies** you intend to use to achieve those outcomes, and the **activities** to put your strategies into action. Finally, you developed **outcome indicators** that show how your activities will help you to achieve your outcomes.

The next step is to describe the **outputs** you expect from each of the activities that you developed. **Outputs** are the quantifiable measures of an activity. Project activities result in outputs. By developing outputs, you are developing a method for measuring the concrete products that help to support the eventual achievement of outcomes.



Example

If your example **activity** is:

- ✓ *Compliance checks of alcohol retailers to identify sales to underage youth,*

then, examples of **outputs** are:

- ✓ *Number of youth volunteers recruited to assist in compliance checks;*
- ✓ *Number of youth volunteers trained to assist in compliance checks;*
- ✓ *Number of compliance checks of alcohol retailers to identify sales to underage youth.*

**(Go to "Strategies, Activities, Outcome Indicators
& Outputs Worksheet" – pg. 96)**

X. Implementation Plan

This section will help you answer the questions, *“How Will Our Plan Unfold, & Who’s Responsible for What?”*

You will:

- **Plan exactly how to implement the strategies you’ve selected;**
- **Develop specific benchmarks for the implementation process.**

Section Ten: IMPLEMENTATION PLAN & PROCESS INDICATORS

“How Will Our Plan Unfold, & Who’s Responsible for What?”

IMPLEMENTATION PLAN

An **implementation plan** is the series of **activities** you’ve developed (laid out in chronological order) that need to take place in order for your prevention plan to move forward. It also includes the names of those who will be responsible for carrying out each activity, along with a start and end date. Finally, your implementation plan should include the specific measures (the **outputs** developed earlier) that you will track to show the progress of those activities.

You will need to create a time-line (with begin and end dates) for carrying out each step of the plan. You will need to think carefully about the order in which you will carry out the various activities that you have identified as essential to the fulfillment of the prevention plan. At this point, you want to be very precise in your planning. Charting your activities will help you to visualize your plan more easily.

IMPLEMENTATION PLAN				
Goal: Decrease alcohol use by youth aged 12 to 17.				
Objective: Decrease retail access to alcohol by youth aged 12 to 17.				
Activities	Who is Responsible	Time-Line: Start-Date End-Date		Outputs
Compliance checks of alcohol retailers to identify sales to minors	Joe Smith, Chief of Police	7/1/04	10/1/04	The number of compliance checks completed

(Go to “Implementation Plan Worksheet” – pg. 98)

PROCESS INDICATORS

Process indicators put your **implementation** plan into specific, measurable terms. Later, when you conduct your **process evaluation**, you will analyze whether or not you achieved your process indicators, and why. This analysis will help you to improve your initiative by giving you information about how to make it run more effectively and efficiently.

Process indicators deal with *how* your project operates. Most process indicators will directly reflect your project **activities**. They indicate the mini steps that have to take place for an activity to be completed.



Examples

(1) If your **activity** is:

- ✓ *Compliance checks of alcohol retailers to identify sales to minors,*

then an example of a **process indicator** is:

- ✓ *All alcohol sales clerks will be trained by 6/30/04.*

(2) If your **activity** is:

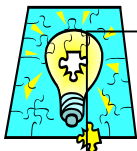
- ✓ *Merchant education provided to all alcohol retail outlet employees,*

then an example of a **process indicator** is:

- ✓ *A merchant education program will be developed and implemented by 12/30/03.*

Other **process indicators** will reflect your broader project, and cover all-inclusive areas such as:

- Project administration
- Organizational structure
- Staff training and background
- Data collection and monitoring system
- Overall cost of services
- Overall budget



Examples

Here are examples of process indicators for your broader project:

- ✓ *Training for coalition members on the use of an evidence-based planning process will be held by 10/30/04.*
- ✓ *The first year of the initiative (end date 6/30/05) will be implemented within a budget of \$50,000.*

(Go to “Process Indicators Worksheet,” “Planning Case Study” and “Planning Chart” – pgs. 100, 101 & 102)

X. Evaluation

**This section will help you answer the question,
*“How Will We Measure Our Outcomes?”***

You will:

- **Collect the right information about the strategies you are implementing and your target population;**
- **Analyze the information you’ve gathered so that you know if your prevention plan is succeeding.**

Section Ten: EVALUATION

“How Will We Measure Our Outcomes?”

Evaluation is the process of analyzing whether or not you have achieved your **outcomes**, and why. It is important to plan for evaluation before you start implementing your initiative. Furthermore, evaluation should be a process that continues on a regular basis throughout the life of your project – that way you will always be informed about whether or not you are on the road to achieving your **goals**. In this section, you will start thinking about how to collect project data and analyze how well your initiative is working.



If you only do a **process evaluation**, you won't find out how the initiative is affecting the problem you set out to solve; if you just do an **outcome evaluation**, you won't find out what areas in the project design are working better than others.

There are two types of evaluation, **process** and **outcome**. If you are analyzing issues around program *implementation*, you are doing a **process evaluation**. If you are analyzing issues related to the *outcomes* of your project, you are doing **outcome evaluation**. It is best to do both **process** and **outcome evaluation**. If you are not getting the results you hoped for, doing both kinds of evaluation will help you discover any flaws that might exist in the implementation of the project, or in its design.

Remember, learning about areas that aren't working as well as you'd hoped is as important as learning about what's working best. And, the earlier in the process you find it out, the better. That way, you will be able to revise your implementation plan and improve the effectiveness of your prevention initiative.



Many people are afraid of evaluation. That's because they think of evaluation as something that is done to them by outsiders' intent upon describing everything they do wrong. While most if not all prevention initiatives should use the services of a professional evaluator, evaluation should be a participatory process. Evaluators should work closely with communities, taking their input into consideration every step of the way. The goal is to learn what you're doing right, and making improvements in areas that may be less effective.

PROCESS EVALUATION

A **process evaluation** gives you a good idea of whether or not your project is operating as you expected. If your prevention initiative is not running as

expected, it might affect your **outcomes**.

Your **process evaluation** will help you to analyze whether or not your **implementation plan** is working the way you intended. In order to evaluate your implementation plan, you will analyze how well you succeeded at achieving your **process indicators**. You should analyze your implementation **process** throughout the life of your initiative. By constantly improving process, you will improve the chances of achieving your desired **outcomes**.

Your initiative will benefit from your process evaluation, because it will:

- Provide a thorough record of your implementation process, and identify the areas of your implementation plan that may need to be modified;
- Tell you whether or not the activities you have planned are being carried out on schedule, and in a timely and efficient manner;
- Help you assess how well personnel associated with the initiative are carrying out their roles and responsibilities;
- Identify unanticipated barriers to successful implementation, and help you to think about how to overcome those barriers; and
- Help you determine whether certain processes resulted in better outcomes than other processes.

Once you have completed your **process evaluation**, you may discover that some pieces of your **implementation plan** are working better than expected. That's great! You may also find that some pieces are not working the way you intended. If necessary, you can use the results of your process evaluation to help you reformulate your program in order to improve your outcomes.

To conduct your process evaluation, it's important to compare what actually took place to what you planned. Go back to the **process outputs** you developed in the last section. Analyze any similarities and differences between the performance standards and time frames you initially developed and what actually took place.



In developing your **outcome evaluation**, you will want to constantly refer to the **outcomes** you established earlier.

***(Go to "Process Evaluation Worksheet" –
either Narrative or Table Form – pgs. 103 & 105)***

OUTCOME EVALUATION

While your process evaluation helps you to analyze issues around the implementation of your initiative, your **outcome evaluation** will assist you to analyze issues related to its accomplishments. You will want to start your outcome evaluation after your project has been up and running for a period of time, and you have collected some **data** (you may not have achieved your

outcomes, yet, but you should have some outcome indicators with which you can compare your progress).

DATA

The first step in evaluation is to determine all the information you will need to track while your initiative is operating, so that later you can analyze that information in order to determine if your initiative succeeded. In order to do this, you will:

- First, identify the factors that can influence your project's **outcomes**.
- Then, you will plan out how you will collect information about those influencing factors and their effects.
- Later on, you will learn how to analyze the information you collect in order to assess whether or not your project is achieving the desired outcomes.

For each **outcome**, you will need to establish where you will obtain the information – or **data** – needed to measure that **outcome**. You need to answer the questions:

- What kind of **data** do you need to collect?
- Where will you find that data (**data source**)?
- How will you go about compiling the data you find (**data collection method**)? and,
- What do you have to do to ensure successful **monitoring** of important data?



While some of this may seem similar to the work you already did in your **needs assessment**, it is not the same. The data you are planning to collect for this section is related to the specific individuals, coalitions, and/or communities that are part of your initiative. The **data** you are planning to collect now will be used to determine how well your project is doing.

To help you identify what **data** you want to collect, you should ask yourself the question: “What are the most important **characteristics** of the initiative or its participants?”

There are two kinds of data, **qualitative** and **quantitative**. Both kinds of data can be analyzed to give you information about how well your project is working, and what aspects are working best:

- **Quantitative data** is information that can be counted and is presented in number form.
- **Qualitative data** is non-numeric, and can be presented in a variety of forms, such as statements people make, photographs or videos.

Key Characteristics

In deciding what **data** to collect, you should think about: (1) which **key characteristics** of your *target population(s)*, and (2) which **key**.

characteristics of your *initiative*, are likely to be linked to **outcomes**. Then you want to collect data about those characteristics.

Remember, your initiative will always affect different sub-populations differently. Whether or not you are achieving the desired results can be related either to characteristics of those sub-population(s), or to characteristics of your **project** (such as the way it was designed or implemented). Here is a list of key characteristics of populations that are commonly associated with different outcomes:

• Age	• Number parents/guardians in household
• Sex	• Disability status
• Race/ethnicity	• Mobility
• Educational level	• Identified protective factors
• Household income group	• Identified risk factors
• Size of household	• Geographic location
• Number of children in household	• Severity of problem



Example

If you are developing a component of the initiative that will focus on trying to decrease the proportion of youth with positive attitudes towards underage drinking, some **key characteristics of participants** that are likely to be linked to outcomes include grade-level and parental attitudes. Some **key characteristics** of your **initiative** that might be linked to outcomes include duration and intensity of the intervention. Consequently, you will want to make sure you are collecting all of this **data**.

You can also be able to come up with **key characteristics** of **communities** (if that is your target) that are likely to be associated with different outcomes. Some examples might include:

- Rural v. urban
- Geographical distance to nearest services
- Local politics
- Local leadership
- History of working together for community change

Here is a list of **key characteristics** of **projects** that are commonly associated with different outcomes:

- Duration of initiative (e.g., amount of time a community group has been part of an initiative, or that the project was operational)
- Intensity (e.g., frequency of participation)
- Type of program/services/procedures
- Staffing

- Staff training
- Collaborative arrangements

The point of tracking these **key characteristics** is to see if your project is more effective with certain sub-groups within the population than with others. If there is a difference in outcomes for different sub-populations, then this information can help you identify the populations or communities you work with most effectively.

It is important to know where your initiative is working best, for two reasons:

- (1) Those are areas you can count as success stories; and
- (2) Where you are less successful, you can work to modify your strategies and activities in order to try and achieve better outcomes in the future.

Now, go back to the outcomes you established. Think about what **key characteristics** of your target population(s) and **key characteristics** specific to your initiative are likely to have an impact on those outcomes.

(Go to "Key Characteristics Worksheet" – pg. 106)

Data Collection

The program **outcomes** you have established will also help direct you to the appropriate **data source** as well as **data collection method**. Your **data source** is the place you will go to find the information (data) that will tell you how well you are doing in achieving your **outcomes**.

Data sources include:

- **Records:** You can collect your own data, as well as data from agencies such as courts, schools, social services, etc. Records can provide you with data related to the experiences of your target population(s).
- **Individuals:** You can collect information from individuals affected by your initiative, as well as educators and other key individuals with knowledge of the target group(s). These individuals can provide you with first-hand information about the kinds of changes in individuals and/or communities that your project is aiming for.
- **General Public:** If the general public, or some segment of it, is your target population, you will need to collect data from this representative group. The general public can provide you with information about the project's impact on the behavior, perceptions or knowledge of a variety of groups including residents, parents, etc.
- **Trained Observers:** Trained observers know how to collect very specific kinds of information about the targets of your initiative, such as behavior change in an individual, or physical changes in the conditions of a neighborhood or community. Examples include; teachers assessing change in student behavior, or, a resident assessing

physical changes in the conditions of a neighborhood.

Mechanical Measures: You can collect tangible data related to outcomes using mechanical tools, instruments or devices. Mechanical measures are used when you need to describe changes in terms of rates, quantities, increases and decreases, or the presence or absence of something concrete (for example, measuring the quantity of a substance in urine).

Data collection methods are the means by which data is obtained from the above sources, and who is responsible for the collection. Sometimes you can use existing data collection instruments or procedures. Or, you may have to develop your own. These are some of the most commonly used data collection methods:

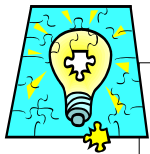
- Review of program records;
- Self-administered questionnaire;
- Interview; and
- Rating by a trained observer.

You do not have to use all these **data collection methods**. Ideally, however, you should use at least two. The methods you choose will depend on the complexity of your outcomes as well as staff time available to implement the method and analyze the data.



Many of these **data collection methods** can be used to provide information about program targets both *before* and *after* involvement in the project. That kind of information is called “**pre-**” and “**post-**” data, and can be useful in making the association between participation in an initiative and subsequent changes in attitude, behavior or knowledge. You may also want to collect **data** at other times during implementation, depending on the **outcomes** you have established.

You can keep track of what **data**, **data sources** and **data collection methods** you will be using for each **outcome** in a chart like the one on the next page:

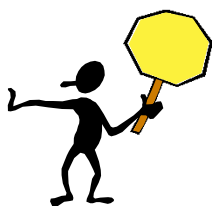


Example

If your **outcome** is simply to decrease student alcohol use, then all you have to do is to monitor patterns of use. However, if your **outcome** is to change knowledge on the part of parents, then you will need to use a more complex method that collects information about how much parents are learning.

Data Collection Methods Chart				
Objective	Outcome	Data	Data Source	Data Collection Method
Decrease access to alcohol in the home by youth aged 12 to 17.	By June 30, 2006, the percent of parents who report attitudes favorable to allowing youth access to alcohol in their homes will decrease by 35%.	Parents' answer to question on attitudes about underage drinking.	Individuals (parents)	Community survey administered over the phone, implemented by trained volunteers.

(Go to "Evaluation Data Collection Worksheet" – pg. 107)



Monitoring

When you **monitor** your project, you are keeping an organized record of the **data** you have decided to collect. Before your initiative is operational, you should carefully plan a strategy to monitor your program. That way, you will be able to collect – from the very beginning – the helpful information you will need to demonstrate what is being done right, as well as to improve your effort. You will find that if you have set up your monitoring systems effectively, your evaluation process will go more smoothly.

Creating a Monitoring System

You will need to establish a **monitoring system** that will help you to organize the data you collect in a meaningful fashion.

You should look carefully at the **data sources** you identified earlier. To get some of that data, you may have to rely on your prevention planning partners. But, for other data, you will have to develop your own **method of data collection**. Let's look at an example.

Let's say our program **outcome** is:

- ✓ *The compliance rate for alcohol retail outlets that refuse to sell alcohol to minors will increase by 33% by June 30, 2006.*

You should never stop **monitoring** your project. Continual **monitoring** is the best way to collect the information you need to measure whether or not you are not achieving the **outcomes** developed.

One of the pieces of **data** that you might collect in order to determine whether or not you are achieving this outcome is:

- ✓ *Youth reports of illegal purchases of alcohol.*



You should be able to easily access the **data** you collect, so that you can **analyze** it later. It helps to have all project-related data centrally located, either in a paper file, or a computer database. That way, when you start the **evaluation** process, you will have all the necessary information at your fingertips.

The **data source** might be a youth survey. If no such survey exists, you could create one, or, you could add a question to a youth risk behavior survey that is already being implemented. You can keep the data you collect in hard copy files, or in a computer database (a database is a computer program that stores the data collected during the implementation of your initiative).

In this part of project planning and implementation, you will find out a lot about your **monitoring system**, and what **data** from your initiative is easily accessible and what is not. You can use this information about your monitoring system in the analysis you do for your **process evaluation**. That, in turn, can help you improve your monitoring system, if necessary.

ORGANIZING DATA

Before you can analyze the **data** you have collected, you will need to organize it. That means you will have to:

- **Tabulate** it,
- **Error-Check** it, and then
- **Summarize** the data.

Tabulating Data

To tabulate your data, you will need to transfer the information you have collected (through questionnaires, observation, etc.) into a table format – either on hard-copy or on the computer. Tabulating data means creating a table that shows each **outcome**, and then compares those outcomes with the actual results your program achieved.

If your **outcome** is:

- ✓ *The compliance rate for alcohol retail outlets that refuse to sell alcohol to minors will increase by 33% by June 30, 2006,*

Then you should make a table that matches that **outcome** with a piece of **data** showing the number or percentage of minors who report that the quantity of alcohol they purchase has decreased.

TABULATED DATA	
Outcomes	Results
<i>The compliance rate for alcohol retail outlets that refuse to sell alcohol to minors will increase by 33% by June 30, 2006.</i>	<i>Based on compliance checks, the number of alcohol retail outlets that refuse to sell alcohol to minors increased by 24% (from 27 to 40 out of a total of 55 outlets).</i>

Data Analysis

Outcome evaluation is the description of the outcomes – both intended and unintended – of your program, and your interpretation of those results. Once you have summarized the data, you are ready to analyze it. Your **data analysis** will describe the degree to which your initiative is producing desired results, and provide evidence about why you are getting those results.

Your analysis should include:

- An explanation of your overall **data** (including any problems or limitations with it);
- An explanation of the results broken out by **key characteristic**; and
- A written **discussion** of what you think this information shows.

Error-Checking Data

Error-checking means double-checking the data you tabulate against your program monitoring forms or database, and making sure all the information is complete and accurate.

Summarizing Data

Once you have tabulated your data and error-checked it, you should **summarize** your results. When you summarize data, you are grouping it according to key program or target population characteristics. This means that for each outcome you identified, you should break down your data into the **key characteristics** you identified earlier.

You will want to be able to compare outcomes according to **characteristics** of both the **target population**, and of the **initiative**.

Summarized Data (According to Key Characteristics of Target)			
Outcome: <i>The compliance rate for alcohol retail outlets that refuse to sell alcohol to minors will increase by 33% by June 30, 2006.</i>			
	Baseline	End Result	Change
Liquor Stores T = 20	10 (50% stores)	10 (50% stores)	0 (0% stores)
Bars T = 35	17 (49% bars)	30 (86% bars)	13 (37% bars)
TOTAL = 55	27 (49% all outlets)	40 (73% all outlets)	13 (24% all outlets)

In the example of **summarized data**, above, you can see that while the desired outcome was surpassed for the generic grouping of all “retail outlets,” no progress was made among the sub-category of liquor stores. This information indicates that while a satisfactory outcome was achieved among bars, that is not the case among liquor stores. If you don’t summarize data according to **key characteristics**, you won’t find out this kind of helpful information that will allow you to hone your program to achieve new and improved outcomes in the future.

In **analyzing** the summarized data from the chart, above, you would want to examine *why* project outcomes were so different between bars and liquor stores. Remember, an **analysis** that teaches you about where your program can improve is just as informative – in some cases more informative – than an analysis that demonstrates the program is meeting all expectations. An analysis that shows disappointing results will help you to improve your project – it will help you to pin-point where changes need to be made.

In **analyzing** your data, you will:

- Analyze how well your program achieved the intended **outcomes** across all targets (whether individuals or communities).
- Analyze program success across sub-groups of your target population(s), by comparing how the project affected different groups of participants based on **key project characteristics** and **key characteristics of the target group**.

This kind of analysis will help you to figure out if there are components of your initiative that have produced better outcomes than other components. It will also tell you if your project has better outcomes for certain sub-groups of the targeted population.

Statistical Analysis

As mentioned earlier, professional evaluators are a critical component of any prevention effort. Statistical analysis is the kind of work that communities should expect evaluators to do. However, it’s important to understand the concepts evaluators will be working with so that you understand their analysis of your project.

In analyzing project data, it is best to use **statistical analysis techniques**, because those will allow you to determine with much more confidence that the differences you see are real, and not chance occurrences.

Statistical analysis techniques can be **descriptive** or **inferential**. A **descriptive analysis** uses the data to tell the story of what happened as a result of the initiative. Descriptive analyses provide little information about the probability that the statistics obtained reflect the “true” nature of the entire population. These analyses use statistics such as *proportions, measures of central tendency, and correlation coefficients*.

An **inferential analysis** is used to try and describe (or *infer*) how the population at large might have responded to an initiative directed at only a small group. Inferential analyses use statistics such as *means, variances, frequencies and correlation coefficients*. Inferential statistics can provide information from a sub-population about the generalization of the findings to the

population at large.

(The section on statistical analysis was adapted from: Conducting Needs Assessments: A Multidisciplinary Approach, by Fernando I. Soriano, Sage Human Services Guide 68, 1995, SAGE, Thousand Oaks: C.A.)

(Go to "Outcome Evaluation Worksheet" – pg. 108)

Discussion

The **discussion** portion of your analysis will put your **data** into context, and explain to people who weren't there what happened and why. The discussion portion of your analysis is also the place in which you will describe your recommendations for the future. In the discussion, you should talk about the results of both your **process** and your **outcome evaluations**. You will want to compare the results you actually got with the results you intended to get. It's also

important to remember that data can't always provide all the answers. That means that *interpretation* is an important piece of analyzing your results. You will have to say what you *think* the data means.

In the **discussion** you should describe how successful the program was at achieving the expected outcomes. You should:

- 1) Describe your general findings.
- 2) Describe any similarities between those targeted by the initiative (individuals or groups) who responded positively. In this section, you should answer the question:
 - ✓ What are some of the reasons certain sub-groups showed higher rates of success?



To answer this question, brainstorm all possible explanations. Eliminate those reasons that you can. Possible explanations may come from your **research literature review**, anecdotal evidence, common sense, etc.

Discuss the explanations you think are most likely, both in terms of **target population characteristics** and **project characteristics**.

- ✓ Recommend any changes to the project (changes in implementation process, strategies, etc.) you think should be made based on your findings. Go back to your **research literature review** for help with this.



In your analysis of process, it is important to discuss how well the monitoring system you have in place enabled you to collect the necessary data and track changes in targeted individuals or communities over time.



It is important to continually **monitor** and **evaluate** your project. By doing this you will ensure that (1) you are achieving the outcomes you set out to achieve, and (2) that any problems you have identified in the past get fixed. You should think of monitoring and evaluation as your effort at continual improvement.

- 3) Describe any similarities you notice between those who were targeted by the initiative but who didn't respond as well. Answer the question:
 - ✓ What are some reasons the project may have shown lower rates of success among certain sub-groups?

Brainstorm reasons, choose the most likely possibilities, and discuss the explanations (both in terms of **target population characteristics** and **project characteristics**). Recommend any changes to the initiative (changes in implementation process, strategies, etc.) that you think should be made based on your findings. Go back to **your research literature review** for help with this.

- 4) Summarize your conclusions. In your **discussion** you should not only describe why you think you got the results you did, but also make recommendations for modifying your project to improve both the **process** and the **outcomes**. Remember, modifying your program to improve success is a *good* thing! Communities, people, conditions change over time, and it's important to modify your project in order to sustain desired outcomes.

Project Evolution

On the one hand, your project will evolve if your **process evaluation** demonstrates the need for change in your **implementation plan**. Your project will also evolve if your **outcome evaluation** demonstrates the need for change (in outcomes or strategies, or activities, for example) in order to achieve better results.

In the **discussion** section of your evaluation, you will have talked about the results of both your **process** and **outcome evaluations**. You will have suggested ways to modify your initiative to improve outcomes. Now it's time to start planning ways to implement the modifications you suggested. Improvements may cover a number of areas, including:

- New or improved strategies, activities or modified outputs;
- Expansion of the project to new locations;
- Expansion of your project to new target populations;
- Redefining your outcomes; and
- Improving your monitoring system.

Changes in process are fairly easy to implement. However, to implement changes in objectives, outcomes, strategies, or activities, you will need to work through those sections of the Toolkit, again. For each modified or brand new objective, you will have to develop new outcomes, new strategies, and devise a new implementation plan based on new activities.

XI. Sustainability

**This section will help you answer the question,
*“How Do We Maintain Our Outcomes?”***

You will:

- **Learn what it takes to make prevention planning a permanent part of the community fabric;**
- **Adapt your strategies or implementation process in order to continue achieving positive results.**

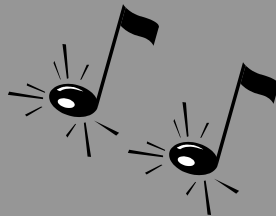
Section Eleven: SUSTAINABILITY

“How Do We Maintain Our Outcomes?”

Sustainability is the process of maintaining and sustaining the **outcomes** of your initiative into the future. It is the ability of those outcomes to continue to be produced over the long term.

Sustainability encompasses the process of change and improvement that your project goes through when you make modifications based on the findings of your **process** and **outcome evaluations**. Sustainability includes the efforts of your organization, community or broader focus area to adapt (through **organizational development planning**) to changes in the substance abuse prevention systems at the state, regional and local levels, and to make the necessary modifications in practices in order to most successfully achieve your prevention outcomes over the long term.

SUSTAINABILITY



Sustainable efforts create an *infrastructure* that supports and maintains a strategic planning process that builds the capacity of communities, and nourishes the implementation of approaches that both reduce risks, and meet the needs of the present without compromising the ability of future generations to meet their goals.

Maintaining an effective community prevention planning process is your best hope to achieving sustainability of outcomes. Being truly successful means the planning effort is continuing on, into the future, producing more good outcomes. To be **sustainable**, your effort must:

- Have the **buy-in** of the community and key stakeholders;
- Maximize use of **resources**;
- Establish lasting **partnerships/collaborations**;
- Help to develop an effective prevention **workforce** (both paid staff and volunteers).



While people often think of sustainability as the ability to maintain an *effort*, we think of sustainability as the ability to maintain *outcomes*. While the nature of the effort may have to change over time, you will always be striving to maintain and improve your desired outcomes.

Sustainability is NOT about securing resources to ensure an effort's longevity, *unless* that longevity is the best hope to achieving outcomes.

There are several steps you can take to help ensure **sustainability** of the prevention planning process:

- **Public Relations:** Cultivate community buy-in by creating and maintaining high visibility for the planning process. Publicize activities and positive immediate and intermediate outcomes and evaluation results of your prevention initiatives.
- **Security of Resources:** Prepare for security by: (1) Developing a detailed plan to secure and maintain the necessary resources to support the longevity of the prevention planning process; (2) Cultivating a variety of in-kind (material and human) resources from diverse sources early on; and (3) Adopting an entrepreneurial spirit in seeking additional human, financial and in-kind support from a diverse array of sources (corporations, foundations, and government).
- **Training:** Be careful not to consolidate all the skills necessary to keep your planning process afloat in just one or two people. Engage in some team training or training –of-trainers to cultivate knowledge, skills and abilities. That way, if a key person leaves, the process will be maintained.
- **Integration:** Projects that are "stand alone" or self-contained are more vulnerable (e.g., to budget cuts and cost-saving measures) than projects that are fully integrated into a network of other initiatives, projects, programs and services.
- **Strength of Infrastructure:** The strength of the network of organizations, agencies and institutions that make up the infrastructure that support and are involved in prevention planning and project implementation is related to sustainability. Infrastructure strengths include a consistency of goals between involved organizations and institutions and the community planning process, strong leadership and high skill levels, and mature and stable organizations. Obviously, whenever possible, prevention planning efforts should have strong institutions involved.
- **Champions:** Sustainability is politically oriented and can depend on generating goodwill for continuing a planning process. Good will often depends on obtaining an influential advocate or "champion." The champion can be internal to the effort (e.g., a high-ranking member of a lead organization), or external (e.g., the local superintendent of schools or a city council member).

*(The above section was adapted from the sustainability section of
"Getting to Outcomes, SAMHSA – CSAP – NCAP, June, 2000)*

Here are some questions you should ask yourself in planning for **sustainability**:

- 1) Are there adequate structures in place to support the functions of the prevention planning effort?
- 2) Have leadership roles and responsibilities been effectively developed?

- 3) Is there adequate collaboration?
- 4) Is there a flexible resource acquisition plan in place that promotes ongoing resource sustenance?
- 5) Is there an increase in resources (human, in-kind and financial) being devoted to substance abuse prevention?
- 6) Are there policies and procedures in place to sustain substance abuse prevention at the project level (organization, community or region)?
- 7) Do we have adequate expertise to sustain our substance abuse prevention outcomes?
- 8) Is there solid alignment between substance abuse prevention interventions, and identified needs in our target population(s)?
- 9) Are there appropriate process evaluation methods in place to assess the quality and appropriateness of the implementation of our prevention effort?
- 10) Are substance abuse prevention interventions implemented appropriately, and with a high degree of quality?
- 11) Are our substance abuse prevention interventions effective?
- 12) Is there local ownership of implementation of the prevention plan?
- 13) Is our organization, coalition or region engaging in organizational development planning in order to ensure it meets the needs of the population(s) affected by the prevention plan?

(The majority of these questions were adapted from CSAP's Southeast CAPT's Sustainability Logic Model.)

Organizational Development Planning

A major key to the **sustainability** of your prevention planning process, is the degree to which your organization, coalition or region adapts to systems changes taking place at the local, state and regional levels, and modifies activities in order to fruitfully engage local communities and residents in the substance abuse prevention planning initiative.

Organizational development planning is a strategic planning process to analyze and structure your organization, coalition, or region so that you can most successfully achieve your prevention plan. Organizational development planning is similar, in many ways, to the planning process laid out in this Toolkit. Often, organizational development planning begins with a **SWOT Analysis**. A SWOT analysis is similar to assessing *contextual conditions* as part of a community assessment.

SWOT Analysis

A **SWOT Analysis** is an assessment technique to help you identify the *strengths*, *weaknesses*, *opportunities* and *threats* that currently exist both inside and outside your organization, coalition or region. It is the first phase in the process of **organizational development planning** to increase the effectiveness of the substance abuse prevention infrastructure or system.

- **Strengths** are the organization's, coalition's, or region's, resources and capabilities (including staff, expertise, finances, relationships, goodwill, facilities, etc.). It's important to understand strengths, because they are the factors you can build on.

- **Weaknesses** are the organization's, coalition's or region's vulnerabilities. It is important to get agreement on the **strengths** that most need to be tapped and developed in coming months, as well as the **weaknesses** that most need mending.
- **Opportunities** and **threats** might be related to the people and communities the organization, coalition or region serves; possible competitors or allies; and other major forces (economic, political, social, cultural and technological) that could influence how well the organization, coalition or region succeeds at increasing the effectiveness of its substance abuse prevention infrastructure or system. The point here is to zero in on a limited number (usually four to eight) of the **opportunities** and **threats** that could most affect the project's future.

Knowledge is, indeed, power, and knowing the positives and negatives of your coalition, organization or region will put you in a more powerful position for action. While a **SWOT Analysis** is not in itself action, it can help you to:

- Identify the issues or **problems** you intend to change;
- Set or reaffirm **goals**; and
- Create an **action plan**.

A realistic recognition of the weaknesses and threats that exist for your effort is the first step to countering them with a robust and creative set of strengths and opportunities. A **SWOT Analysis** identifies your strengths, weaknesses, opportunities and threats to assist you in making strategic plans and decisions. SWOT is a simple yet comprehensive way of assessing the positive and negative forces within and without your coalition, organization or region, so that you can be better prepared to act effectively.

A **SWOT Analysis** will be most helpful if you use it to support the **mission** you have already defined for your organization, coalition or region. At the very least, the SWOT Analysis will provide perspective, and at best, it will reveal connections and areas for action.

(Go to “SWOT Analysis Worksheet” – pg. 109)

Organizational Development Goals

Once you have brainstormed your strengths, weaknesses, opportunities and threats, take another look at your lists. Select the six to eight most **critical issues**. Prioritize the critical issues you have selected, with those to be addressed immediately at the top of the list, and those that can be addressed later, at the bottom. Remember, how you prioritize your critical issues can depend on: (1) how pressing the **need** is; and (2) whether or not you have the **resources** at your disposal to address the issue in question.

From your prioritized list, select the three or four *most* critical issues (the ones at the top of the list), and re-write them as organizational **goal** statements. Remember, organizational goal statements have to do with goals related to the internal workings of your coalition, organization or region, so they are different from the kinds of goals you developed during

prevention planning. For example, if a **critical issue** is:

- ✓ *Need for technical assistance in order for staff (paid or volunteer) to become more expert in applying program evaluation concepts and practices*

then, it could be re-written into the **organizational goal**:

- ✓ *To increase staff expertise in applying evaluation concepts and practices.*

Organizational Development Outcomes and Strategies

Now that you have three or four **goal** statements for organizational development, you can begin to think about the specific **outcomes** you want to achieve for each goal. Once you have written measurable, time-limited outcomes, it is time to begin to think about **strategies** to achieve your goals. Go back to your **SWOT Analysis**. Look at the strengths, weaknesses, opportunities and threats you outlined, there. Now, begin the process of thinking through how you can:

- Use your strengths to take advantage of opportunities,
- Take advantage of opportunities to overcome weaknesses,
- Use strengths to avoid threats, and
- Avoid threats by minimizing weaknesses.

Use this method to brainstorm **strategies** you can use to achieve your goals.

Just as in prevention planning, you will want to **evaluate** how successful your organization, coalition or region is at achieving its stated **organizational outcomes**.



Whatever courses of action you decide on, the **SWOT Analysis** prompts you to move in a balanced way throughout your program. It reminds you to:

- Build your strengths;
- Minimize your weaknesses;
- Seize opportunities; and
- Counteract threats.

*(Most of the material on organizational development planning was adapted from: (1) The Community Tool Box: <http://ctb.ku.edu/>; and (2) **Strategic Planning Workbook for Nonprofit Organizations**, The Amherst H. Wilder Foundation, St. Paul, MN, 1998.)*

(Go to “Sustainability Worksheet” – pg. 110)

Worksheets

Mission Statement Worksheet

The Purpose Statement: Describe why your initiative exists.

The Business Statement: Describe what the initiative does to achieve its purpose.

Values/Beliefs: Describe the principles and/or beliefs that guide the work of your project.

Putting it All Together – Your Mission Statement:

Contextual Conditions Worksheet

Brainstorm contextual conditions within the overall environment that either have occurred or currently exist, and that help to explain why things are the way they are.

1.

2.

3.

4.

5.

6.

7.

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10.

11.

12.

13.

14.

15.

Needs Assessment Data Worksheet

[illegible]

Needs Assessment Data Worksheet

[illegible]

Stakeholder/Opinion Leader Worksheet

Please rate the participation of the following individuals, agencies and organizations in the areas of their importance to the work of the project and the feasibility of getting them involved, in one way or another, in your project. If they already participate, rate the level of their involvement.

GOVERNMENT	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
Elected Officials				
Mayor or City/County Council				
<ul style="list-style-type: none"> Substance Abuse Prevention 				
<ul style="list-style-type: none"> Substance Abuse Treatment 				
Department of Public Health				
Local Health Departments				
Community Health Clinics				
<ul style="list-style-type: none"> Local Health Departments 				
<ul style="list-style-type: none"> Community Health Clinics 				
Department of Recreation				
Driver's Licensing Agencies				
Public Works Department				
Armed Forces - All Branches				
Other:				

LAW ENFORCEMENT COMMUNITY	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
Office of Chief of Police				
Local and State Police/Sheriffs				
<ul style="list-style-type: none"> Alcohol Unit/Traffic Safety Unit 				
<ul style="list-style-type: none"> Community Relations/Affairs 				
Alcohol Beverage Control Agency				
Other:				

(Worksheet continues on next page.)

Adapted from: National Association of Governors' Highway Safety Representatives. (2001). Coalition membership checklist. *Community how to guide on . . . coalition building (DOT HS 809 209, Appendix 1)*. Washington, DC: National Highway Traffic Safety Administration. Retrieved July 21, 2003, from http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/PDFs/CB_Appen1.pdf

EDUCATION	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
Education (K-12)				
• School Superintendent(s)				
• Principal				
• Prevention Coordinator(s)				
• High Schools				
• Middle Schools				
• PTA Organizations				
• School Resource Officer(s)				
Colleges and Universities (if in the community)				
• Administration				
• Student Affairs				
• Resident Managers				
• Substance Abuse Prevention				
• Judicial Review				
• Campus Police				
• Fraternities and Sororities				

Health Care Community	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
Hospitals/Trauma Centers				
Physicians				
• Pediatricians				
Medical Association				
Nurses				
Emergency Dept. Physicians & Nurses				
Health Maintenance Organizations				
Health Insurance Companies				
Emergency Medical Technicians and Paramedics				

Youth and Youth Organizations	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
SADD Organizations				
Boys and Girls Clubs				
Boy Scouts/Girl Scouts				
YMCA				
4-H Clubs				
Substance Abuse Prevention Groups				
Religious Groups/Faith Organizations				
Other:				

(Worksheet continues on next page.)

Businesses/Employers	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
Businesses Employing Underage Youth				
• Fast Food				
• Movie Theatres				
• Amusement Parks				
Alcohol Industry				
• Bars				
• Restaurants				
• Liquor Stores				
• Beer Distributors				
• Liquor and Wine Wholesalers				
Insurance Companies				
Chambers of Commerce				
Labor Unions				
Local Major Employers				
Arenas				
Record and Video Sales				
Media				
• Television Stations				
• Radio Stations				
• Newspapers				
Other:				

Community	Involved (high, med., low)	Not involved; but crucial	Check box if opinion leader	Not involved; not crucial
Parent Groups				
Faith Community				
Citizen Activist Groups				
• MADD Chapters				
• Civic Groups				
• Kiwanis/Lions/Rotary				
• Junior League				
• Other:				
Neighborhood Associations				
Minority/Culturally Specific Orgs.:				
Citizens				
Other:				

Resource Assessment & “Allies Matrix”¹ Worksheet

Brainstorm a list of potential allies (key **stakeholders**, **opinion leaders** and potential **collaborators**) who exist in your focus area, care about your issue, and might be willing to take some action. Allies can be individuals, formal organizations or agencies with staff, volunteer organizations, church groups, non-profits, or community organizing groups that work with specific communities or sub-populations. However, you should only include those with whom there is a viable way of developing a relationship.

After you have developed your initial list of allies, place their name in the first column of the table below. Then fill in each appropriate box to the right that describes this ally. Once the matrix is complete, prioritize those allies you will seek to work with, first, in the development and implementation of your substance abuse prevention plan. You should also look for partners who complement your own abilities. For example if your coalition has strong influence with legislators, you might lower the priority of this attribute when evaluating potential partners.

Contact information for organization or person whose mission/ vision includes prevention	Do you have an existing relationship?	What are their prevention mandates (if any)?	What are their prevention goals?	How effective are they at achieving their goals?	Where applicable, what is their target population and geographic coverage area?	What are their resources?	What are their needs?	How does collaborating with you, or supporting your project, benefit them?	What’s their “market share”? (e.g., credibility, influence, reach)

¹ This worksheet is adapted from one developed by the Praxis Project, a project of the Tobacco Technical Assistance Consortium which is funded by Robert Woods Johnson, The American Legacy Foundation, and the American Cancer Society. This worksheet is included in the Praxis Project’s “Fighting Back on Budget Cuts; A Toolkit,” which can be found online at: www.thepraxisproject.org/toolkit/index.html.

Resource Assessment & “Allies Matrix” Worksheet (continued)

(Make as many copies of this worksheet as necessary.)

Contact information for organization or person whose mission/ vision includes prevention	Do you have an existing relationship?	What are their prevention mandates (if any)?	What are their prevention goals?	How effective are they at achieving their goals?	Where applicable, what is their target population and geographic coverage area?	What are their resources?	What are their needs?	How does collaborating with you, or supporting your project, benefit them?	What’s their “market share”? (e.g., credibility, influence, reach)

Identifying Potential Collaborators Worksheet

Invested Parties	Project Planning Role	Level of Commitment
<i>Example:</i> School District #10	<i>Principals of high school and middle school will regularly participate in planning meetings.</i>	<i>High</i>

Identifying Potential Collaborators Worksheet

Invested Parties	Project Planning Role	Level of Commitment

Problem Statement Worksheet

(If you are focusing on systems change, you can skip these first questions.)

Refer to your completed needs and resource assessments in answering these questions.

1. The nature of the problem among the population:

- A. What is the **rate** of the problem? *(The proportion of the population exhibiting the problem behavior.)*
- B. What is the **prevalence** of the problem? *(The number of times the problem behavior has occurred within a specified time period.)*
- C. What is the **incidence** of the problem? *(The speed with which the problem behavior is escalating or growing within a specified time period.)*
- D. Who is most affected by the problem?
- E. What are the priority **risk factors** to be addressed? *(Those factors, from Hawkins' and Catalano's research, that put children at risk for the problem behavior.)*
- F. What are the priority **protective factors** to be addressed? *(Those factors, from Hawkins' and Catalano's research, that protect children from engaging in the problem behavior.)*

2. The current response to the problem (refer to your completed resource assessment):

- A. What strategies currently exist to address the problem?

Problem Statement Worksheet (continued)

Now, write your problem statement:

(A brief, summative description of the most important issues compromising the health and well-being of communities. Phrase your problem statement in terms of the *behaviors*, *knowledge* or *attitudes* that currently exist that are a problem and need to change.)

[illegible]

Target Population Worksheet

(Refer to your completed needs assessment in answering these questions.)

1. The target of your program:

- A. Is your project targeting individuals or a group (or groups) of individuals?
- B. What are some of the common characteristics of the individuals or groups within your target population (i.e., social, demographic, location)?
- C. What similar conditions or shared problems exist among the individuals or groups within your target population?
- D. Are you going to focus on a **universal**, **indicated** or **selected** population?
- E. Who are your **direct targets**? Why? *(Those individuals who will be directly and immediately effected by your prevention strategies.)*
- F. Who, if any, are your **indirect** targets? Why? *(Those individuals who your strategies will have an eventual impact upon, through indirect means.)*

2. Selection Criteria:

Identify your selection criteria (the criteria you will use to determine who will be *included* in or *excluded* from the target population). List your target population selection criteria below, and where you will go to get the information described by the criteria:

CRITERIA	RESOURCE
<ul style="list-style-type: none">• <u>Example:</u> 9th-graders••••••	<ul style="list-style-type: none">• <u>Example:</u> School records••••••

Goals Worksheet

Describe the **goal(s)** of your project, which, if achieved, would help to eliminate the problem you identified in your problem statement . (Remember to keep your mission statement at the heart of every goal.)

Below write out your **goal(s)**:

1)

2)

3)

Objectives Worksheet

Write your **goal** statement here:

Step 1: Brainstorm possible **objectives** for a specific **goal**.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Step 2: Use the **5 criteria** to select 3 or 4 of the **best objectives**.

1.

2.

3.

4.

5.

“SMART” Outcomes Worksheet

NOTE: Fill out a copy of this worksheet for every objective you have developed. You must have at least one outcome for every objective.

Outcome for Objective #____:

Outcome for Objective #____:

Outcome for Objective #____:

Outcome for Objective #____:

Theory Worksheet

NOTE: Fill out a copy of this worksheet for every *strategy*.

Strategy:

Theory:

If....

Strategy:

Theory:

If....

Strategy:

Theory:

If....

Goals, Objectives, Outcomes Worksheet

<u>Goals</u>	<u>Objectives</u>	<u>Outcomes</u>
<p><i>Example:</i></p> <p>Decrease alcohol use by youth aged 12 to 17.</p>	<p>Decrease retail access to alcohol by youth aged 12 to 17.</p>	<p>By June 30, 2004, there will be a 25% increase in the number of alcohol retailers in compliance.</p>

Goals, Objectives, Outcomes Worksheet

(Copy this sheet as many times as necessary.)

<u>Goals</u>	<u>Objectives</u>	<u>Outcomes</u>

Strategies, Activities, Outcome Indicators & Outputs Worksheet

<u>Strategy</u>	<u>Activities</u>	<u>Outcome Indicators</u>	<u>Outputs</u>
<p><u>Example:</u></p> <p>Enforce laws prohibiting alcohol sales to minors.</p>	<ul style="list-style-type: none"> • Compliance checks of alcohol retailers to identify sales to minors. • Merchant education provided to all alcohol retail outlet employees. 	<p>The compliance rate for alcohol outlets will increase by:</p> <ul style="list-style-type: none"> • 15 % by June 30, 2004 • 25% by June 30, 2005 	<ul style="list-style-type: none"> • The number of compliance checks completed each year • The number of youth volunteers trained to assist in compliance checks. • The number and/or percentage of clerks who complete merchant education training.

Strategies, Activities, Outcome Indicators & Outputs Worksheet (continued)

(Copy this sheet as many times as necessary.)

<u>Strategies</u>	<u>Activities</u>	<u>Outcome Indicators</u>	<u>Outputs</u>

Implementation Plan Worksheet

Example

Goal: Decrease alcohol use by youth aged 12 to 17.

Objective: Increase the number of retail alcohol outlets that refuse to sell alcohol to minor youth aged 12 to 17				
Activities	Who is Responsible	Time-Line: Start-Date End-Date		Outputs
Merchant education provided to all alcohol retail outlet employees.	Jane Doe, Responsible Beverage Service Program Administrator	5/1/04	6/1/04	The number and/or percentage of clerks who complete merchant education training.
Compliance checks of alcohol retailers to identify sales to minors	Joe Smith, Chief of Police	7/1/04	10/1/04	The number of youth volunteers trained to assist in compliance checks. The number of compliance checks completed
Objective: Decrease access to alcohol in the home by youth aged 12 to 17.				
Implement the "Parenting Wisely" program in partnership with Saline City middle and high schools	Tim Jones, "Parenting Wisely" Program Coordinator; Mary Green, After School Program Coordinator for Saline City Middle School; John Brown, After School Program Coordinator for Saline City High School	1/1/05	6/1/05	The number of parents who complete the "Parenting Wisely" Program.

Implementation Plan Worksheet

NOTE: Write your project goal at the top of the page. Complete worksheet for each objective that accompanies that goal.

(Copy this sheet as many times as necessary.)

Goal: _____

<u>Objective:</u>				
Activities	Who is Responsible	Time-Line:		Outputs
		Start-Date	End-Date	

Process Indicator Worksheet

Process indicators put your implementation plan into time-limited, measurable terms.

(Copy this sheet as often as necessary.)

Activities	Process Indicators
<i>Example:</i> <i>Merchant education provided to all alcohol retail outlet employees.</i>	<i>A merchant education program will be developed and implemented by 12/30/03.</i>

Now, write process indicators for those aspects of your implementation plan that are all-inclusive of the prevention project as a whole. Include areas such as:

- Project administration
- Organizational structure
- Staff training and background
- Data collection and monitoring system
- Overall cost of services
- Overall budget

<i>Example:</i> <i>Training</i>	<i>Training for coalition members on the use of an evidence-based planning process will be held by 10/30/04.</i>

PLANNING CASE STUDY: Data collection and analysis for Saline City has revealed that alcohol use is the priority substance abuse issue for youth ages 12-17. Community-specific archival, survey and social indicator data included the following: 1) law enforcement data showed that during recent compliance checks, only 65% of the community's alcohol retail outlets refused to sell alcohol to underage youth, 2) a recent a community survey found that 45% of parents surveyed agreed with the statement that "drinking is a rite of passage for kids, so it's better for them to drink at home," and 3) alcohol is available for sale at all community-sponsored events, including those oriented to families with children.

Goal: Decrease alcohol use by youth aged 12 to 17.

Objectives	Outcomes	Strategies	Activities	Outcome Indicators	Outputs	Process Indicators
<ul style="list-style-type: none"> • Increase the number of retail alcohol outlets that refuse to sell alcohol to minor youth aged 12 to 17. 	<ul style="list-style-type: none"> • By June 30, 2006 the compliance rate for Saline City alcohol retail outlets that refuse to sell alcohol to minors will increase by 33%. 	<ul style="list-style-type: none"> • Enforcement: enforce laws prohibiting alcohol sales to minors. • Education: conduct merchant education. 	<ul style="list-style-type: none"> • Compliance checks of alcohol retailers to identify sales to minors. • Merchant education provided to all alcohol retail outlet employees. 	<ul style="list-style-type: none"> • The compliance rate for Saline City alcohol outlets will increase by 15% by 6/30/04 and by 25% by 6/30/05. 	<ul style="list-style-type: none"> • The number of compliance checks completed each year • The number of youth volunteers trained to assist in compliance checks. • The number and/or percentage of clerks who complete merchant education training. 	<ul style="list-style-type: none"> • A merchant education program will be developed and implemented by 12/30/03. • All Saline City alcohol sales clerks will be trained by 6/30/04.
<ul style="list-style-type: none"> • Decrease access to alcohol in the home by youth aged 12 to 17. 	<ul style="list-style-type: none"> • By June 30, 2006, the percent of Saline City parents who report attitudes favorable to allowing youth access to alcohol in their homes will decrease by 35%. 	<ul style="list-style-type: none"> • Education: conduct parent education • Communication: conduct a media campaign 	<ul style="list-style-type: none"> • Implement the "Parenting Wisely" program in partnership with Saline City middle and high schools 	<ul style="list-style-type: none"> • The number of Saline City parents who report attitudes favorable to allowing youth access to alcohol in their homes will decrease by 15% by 6/30/04, 25% by 6/30/05. 	<ul style="list-style-type: none"> • The number of parents who complete the "Parenting Wisely" Program. 	<ul style="list-style-type: none"> • A trial pilot program of "Parenting Wisely" will be implemented by 3/30/04. • The pilot program will be implemented within a \$15,000 budget by 3/30/04.
<ul style="list-style-type: none"> • Decrease the availability of alcohol at community-sponsored events. 	<ul style="list-style-type: none"> • By June 30, 2006, the number of community-sponsored events in Saline City at which alcohol is available will decrease by 50%. 	<ul style="list-style-type: none"> • Policy adoption: adopt community policies that regulate alcohol sales at community-sponsored events. 	<ul style="list-style-type: none"> • Amend municipal codes to limit alcohol sales at community-sponsored events. • Develop and distribute a toolkit to help event organizers develop and promote a successful alcohol-free community event. 	<ul style="list-style-type: none"> • By 6/30/04, a proposed amendment limiting alcohol sales at community events will be developed and presented to the Saline City Council for adoption. • The percent of community-sponsored events allowing alcohol sales will decrease by 25% by 6/30/04, and by 35% by 6/30/05. 	<ul style="list-style-type: none"> • The number of signatures collected to support establishing new community guidelines limiting the number of community-sponsored events that can include alcohol. • The number of toolkits distributed. 	<ul style="list-style-type: none"> • A draft of the proposed amendment will be developed by 3/30/04 • The final proposal will be completed by 5/30/04. • The toolkit will be completed by 5/30/04.

Planning Chart

Objectives	Outcomes	Strategies	Activities	Outcome Indicators	Outputs	Process Indicators

Process Evaluation (Narrative form)

(Use Process Evaluation Table, if you prefer)

For this section, you will need to refer back to you Strategies, Activities & Outputs, as well as Implementation Plan and Process Indicators.

1. Is the initiative being implemented as planned?
2. If modifications to planned procedures have been made, why have they been made?
3. What, if anything, needs to be changed about the way the initiative is implemented?

Process Evaluation (Narrative form continued)

4. Is the project using available resources (human, in-kind, financial, etc.) as planned?
5. If modifications to planned use of resources have been made, why have they been made?
6. What, if anything, needs to be changed to ensure the most effective and efficient use of resources?
7. What challenges have you faced in the process of implementing the initiative, and how have you overcome those barriers?

Process Evaluation Table

Original Procedure/Use of Resources	Modifications that have taken place	Reason for modifications	Further change needed and reason why

Key Characteristics Worksheet

[illegible]

Evaluation Data Collection Worksheet

Fill in the columns for every outcome you have established.

<u>Outcome:</u> <i>By June 30, 2006, the percent of parents who report attitudes favorable to allowing youth access to alcohol in their homes will decrease by 35%.</i>	<u>Data:</u> <i>Parents' answer to question on attitudes about underage drinking.</i>	<u>Data Source:</u> <i>Individuals (parents)</i>	<u>Data Collection Method:</u> <i>Community survey administered over the phone, implemented by trained volunteers.</i>
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<u>Outcome:</u>	<u>Data:</u>	<u>Data Source:</u>	<u>Data Collection Method:</u>
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<u>Outcome:</u>	<u>Data:</u>	<u>Data Source:</u>	<u>Data Collection Method:</u>
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<u>Outcome:</u>	<u>Data:</u>	<u>Data Source:</u>	<u>Data Collection Method:</u>
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Outcome Evaluation Table

(Make copies of this page if necessary.)

Planned Outcome:	Actual Outcome:	Reason(s) for Difference:	Suggested Modification:

SWOT Analysis Worksheet

	<u>Internal Strengths:</u>	<u>Internal Weaknesses:</u>
<u>External Opportunities:</u>	<u>Strategies:</u> (Use strengths to take advantage of opportunities.)	<u>Strategies:</u> (Take advantage of opportunities to overcome weaknesses.)
<u>External Threats:</u>	<u>Strategies:</u> (Use strengths to avoid threats.)	<u>Strategies:</u> (Avoid threats by minimizing weaknesses.)

Sustainability Worksheet

Here are some questions you should ask yourself in planning for **sustainability**:

- 1) Are there adequate structures in place to support the functions of the prevention planning effort?
- 2) Have leadership roles and responsibilities been effectively developed?
- 3) Is there adequate collaboration?
- 4) Is there a flexible resource acquisition plan in place that promotes ongoing resource sustenance?
- 5) Is there an increase in resources (human, in-kind and financial) being devoted to substance abuse prevention?
- 6) Are there policies and procedures in place to sustain substance abuse prevention at the project level (organization, community or region)?

Sustainability Worksheet (continued)

- 7) Do we have adequate expertise to sustain our substance abuse prevention outcomes?

- 8) Is there solid alignment between substance abuse prevention interventions, and identified needs in our target population(s)?

- 9) Are there appropriate process evaluation methods in place to assess the quality and appropriateness of the implementation of our prevention effort?

- 10) Are substance abuse prevention interventions implemented appropriately, and with a high degree of quality?

- 11) Are our substance abuse prevention interventions effective?

- 12) Is there local ownership of implementation of the prevention plan?

- 13) Is our organization, coalition or region engaging in organizational development planning in order to ensure it meets the needs of the population(s) affected by the prevention plan?

Glossary

GLOSSARY

Accountability: Leveraging all available resources in the most effective and efficient manner possible in order to achieve those goals and measurable objectives indicated by assessment and supported by evaluation.

Activity: A specific action taken as part of an overall strategy.

Advocacy: Support, promote, actively advocate for, and keep at the forefront of the public's attention, the cause you stand for.

Assessment: A structured method used to gather information in order to record and analyze the extent of a particular problem. Assessments collect information about who is affected by the problem, how much they are affected, and where the problem is occurring.

Capacity Building: Developing core skills and capabilities (in an individual, group or community) in order to help ensure the effectiveness and sustainability of efforts. It is the process of assisting an individual, group or community to identify and address issues and gain the insights, knowledge and experience needed to solve problems and implement change. It is facilitated through the provision of various support activities including coaching, training, technical assistance and resource networking. The stages or steps of capacity building are not linear, but interactive. These steps include increasing awareness, mobilization, planning and organization, learning and development of new knowledge, diffusion of knowledge and institutionalization of knowledge and action. The resilience of strengthened capacity involves creating new behaviors that persist over time because they become institutionalized. Capacity is measured by the degree to which people or groups have:

- Increased capacity (knowledge, problem solving skills, etc.) to deliberate about choices of action;
- Broader options for concrete action; and
- Increased autonomy in engaging in these options.

Collaboration: A group of people -- representing the diversity of a community -- working together to achieve a shared vision of prevention planning, and the development, implementation and sustainability of prevention efforts. The collaborative process includes:

- Leveraging resources
- Coordinating efforts
- Acting through consent
- Acting interdependently
- Building capacity
- Developing active citizenship ownership

Collaborators: Collaborators are those stakeholders you decide to work with, in one way or another, to develop and implement your prevention plan.

Community: A group of people characterized by a common sense of identity and shared fate, as well as an emotional connection to other members, common symbol systems, shared values and norms, mutual (although not necessarily equal) influence, common interests, and commitment to meeting shared needs.

Contextual Conditions: A part of community assessment, contextual conditions illustrate the various factors that impact the prevention system in one way or another. A description of contextual conditions is an itemized list that helps to clarify why things are the way they are.

Direct Service Provision: The direct application of a strategy designed to solve a problem.

Evaluation: A structured process used to collect and analyze data in order to answer two primary questions: (1) is what we're doing working? and (2) if not, why not? The purpose of evaluation is to assist in improving the planning or implementation process, as well as improving outcomes.

Evidence-based: A logical, sequential process (for planning, program development, etc.) that is supported by the collection and analysis of objective data.

Goals: Goals identify, in broad terms, how your initiative is going to change things in order to solve an identified problem. Goals describe the kind of changes you want to see occur throughout your focus area.

Incidence: Describes the speed with which the behavior is *escalating or growing* within a specified time period.

Inclusion: Inclusion is the right of all of Nebraska's diverse populations to participate fully and equally in decision-making, policy development, and implementation of programs, policies and practices.

Information & Referral: Develop and maintain a central knowledge base of all services available to residents. Utilize standardized protocol for assessing needs of residents in need of referral.

Infrastructure: The underlying foundation or basic framework that supports the effective functioning of a community or society in achieving desired outcomes.

Institutions: Institutions are organizations that are purpose-based. They include private businesses, government and public institutions such as schools, libraries, hospitals, social service agencies, police, fire stations, economic development agencies and recreational facilities. Institutions are often the most visible formal aspect of a community's structure. Institutional characteristics include:

- Separate facilities that operate independently of one another
- Leadership roles reserved for a few
- Employees required to adhere to policy, and follow the requisite decision making channels
- Managed structure
- Institutional controls

Logic Model: A method for thinking through (or illustrating) a logical, sequential, causal chain of events. A sequential series of steps used to conduct an evidence-based strategic planning process that focuses on achieving results rather than just selecting strategies.

Mission Statement: A mission statement is a sentence or two that expresses the purpose of your prevention planning effort to your stakeholders and the public.

Needs Assessment: A part of community assessment, needs assessment will help you to hone in on two important issues in your focus area: (1) the extent of the substance abuse problem, and (2) the degree of need for technical assistance in prevention program planning and development. In order to start your planning process, you will need to know: (a) what are the primary issues affecting community health and well-being; (b) who is affected by the issues you are addressing; (c) how much they are affected; and (d) where the need is greatest.

Organizational Development Planning: Organizational development planning is a strategic planning process to analyze and structure your organization, coalition, or region so that you can most successfully achieve your prevention plan.

Objectives: Objectives describe the changes in community conditions or personal attributes that have to take place in order to reach your goals. Objectives address those underlying conditions or personal attributes that either contribute to – or protect against – substance use and abuse.

Outcomes: Outcomes describe the tangible accomplishments that demonstrate that progress is being made. Outcomes are specific, measurable, and time-limited statements that indicate your initiative is on the road to success.

Outcome Evaluation: A structured process used to collect and analyze data around outcomes.

Outcome Indicators: Statements describing the interim changes in knowledge, attitude or behavior that take place, indicating a strategy is succeeding.

Output: A quantifiable measurement of an activity. Program activities result in outputs.

Policy Development: Promote the adoption of formalized or codified practices (such as laws, regulations, guidelines and protocols) that support overarching goals by promoting changes that positively impact behavior, beliefs, attitudes and knowledge of the population. Policy development can lead to changes in community norms and values.

Prevalence: Describes the *number* of times a behavior has occurred within a specified time period.

Prevention: The active process of creating conditions and personal attributes that promote the well-being of people.

Prevention System: A purposeful, effective and sustained partnership of agencies, organizations and individuals whose missions include substance abuse prevention, that is committed to decreasing substance abuse through a collaborative and coordinated process of:

- Comprehensive planning for – and evaluating – outcomes;
- Promoting evidence-based strategies;
- Allocating resources; and
- Workforce development.

Problem Statement: A problem statement is a brief description of the most important issues compromising the health and well-being of your community.

Process Evaluation: A structured process used to collect and analyze data around planning and implementation activities.

Process Indicator: Process indicators put your implementation plan into specific, measurable terms.

Risk and Protective Factors: This framework, developed by J. David Hawkins and Richard F. Catalano, identifies conditions that may contribute to, or safeguard against, substance abuse. These underlying conditions are called risk and protective factors. To prevent a problem from occurring, it is necessary to identify both the factors that increase the likelihood of that problem developing (risk factors), and those factors that decrease that likelihood (protective factors). These risk and protective factors are organized into the important areas – or domains – of a young person's life: (1) individual/peer; (2) family; (3) school; and (4) community.

Rate: Describes the *proportion* of the relevant population exhibiting the behavior.

Resource Assessment: A part of community assessment, resource assessment will help you gain a clear idea of the prevention strategies that are currently being implemented in your focus area, and what other resources are available to help you develop and implement your prevention plan.

Science-Based Strategies: Strategies that are based on scientific theory and principles that have been implemented and found to be effective through a formal evaluation that has been published in a peer-reviewed journal.

Stakeholders: Stakeholders are those who will be involved in, affected by, or interested in your effort in one way or another. Stakeholders include any individual or group with any kind of an interest in substance abuse prevention or related issues, or any entity that has a monetary, social or political investment or interest in substance abuse prevention or the youth population.

Strategy: A course of action, based on theory that is selected in order to achieve an objective. Strategies include all policies, programs, and practices that promote the well-being of people and reduce the consumption of – and the problems associated with – alcohol, tobacco and other drugs.

Substance Abuse: Substance abuse encompasses: (1) the illegal use of alcohol, tobacco or other drugs, or (2) any use by minors of alcohol, tobacco or other drugs, including hazardous chemicals such as inhalants.

Sustainability: Sustainability is the ability to generate/regenerate efforts that thrive and produce desired outcomes over the long term through effective community infrastructures and processes.

SWOT Analysis: A SWOT Analysis is an assessment technique to help you identify the *strengths*, *weaknesses*, *opportunities* and *threats* that currently exist both inside and outside your organization, coalition or region.

Target Population: The individuals (either singly or in groups), who will be the target of your prevention efforts.

Technical Assistance: Site-specific problem solving and other professional assistance based upon assessed needs.

Theory: Theory encompasses the principles that present a concise, systematic view of an issue, subject or problem. Theories explain behavior and suggest ways to achieve behavior change.

Training: Laying the foundation of knowledge. Usually, training is a planned, prepared, and coordinated method of education, used to improve individual and organizational performance.

Workforce Development: Education, training and technical assistance intended to ensure an adequate and skilled workforce in order to successfully accomplish the work that's required. Workforce development is understood to be a planned, integrated process for providing the necessary information, learning experiences, direction and support to individuals in the state who are responsible for implementing the state's prevention work.